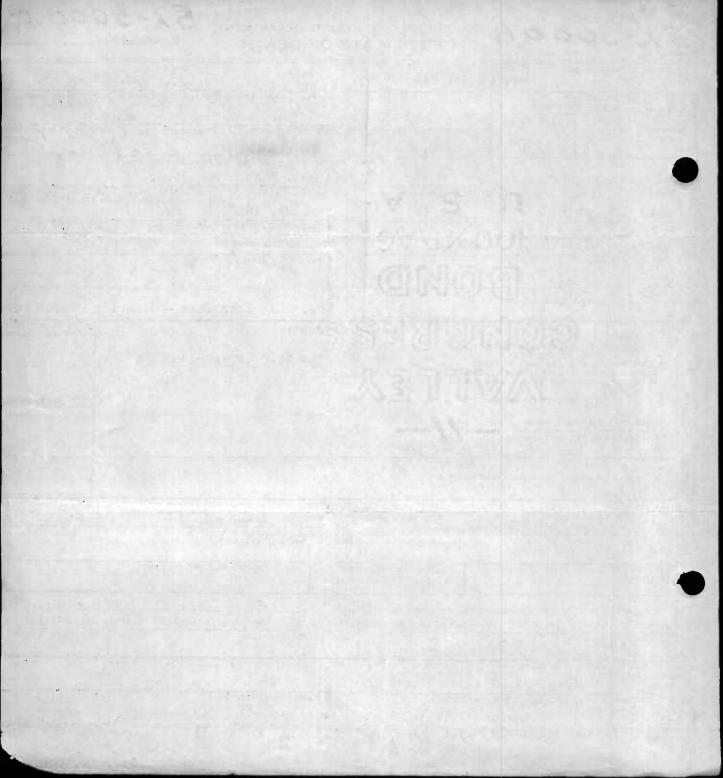
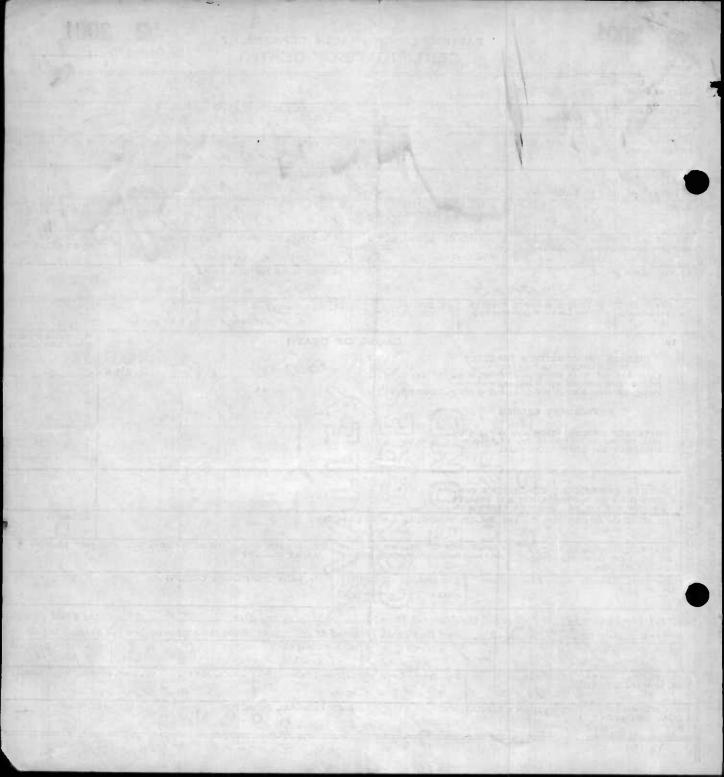
	NAME OF DECEASED Dr. John Wesley Cole						of Jan. 1	9, 1952
	PLACE OF DEATH: Baltimore City, Maryland				A. STATE		B. COUNTY	stitution : residence before admission
HO	FULL NAME OF DESPITAL OR STITUTION	(If not in hospital 6604 Loch		ion, give street address or location) Blvd. Yrs. Mos.	Baltimo	ORESS (If rural,	rive location)	write RURALI and give
		y in Baltimore		Days E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIR		GE (In years II Ve	der i Yeat if Under 24 Hear he: Days Hours Min
10		white CCUPATION (Givekind of 108. KII		arried	Aug. 29, 1867 84		84	2. CITIZEN OF WHAT COUNTRY
re	tired phy		Medi	lcine INDUSTRY	Killbuck,			US
	John Wesle			Laking	Elmira			
15 (Yes	. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT		4 4	oress och Raven Bly
	(This does r heart failure injury or c	OR CONDITION LEADING TO DEAT not mean the mode of asthenia, etc. It mea complication which complication which completely	TH if dying, e. s ns the diseas aused death	e, Digas	ioscleretio se	c Cardio-Va	ascular	
RTIFICATION	(This does repeated to the cart failure injury or conjury or conju	LEADING TO DEATHOR TO DEATHOR THE MODE OF CAUSE OF CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	f H f dying, e. s ns the diseas aused death SES F ANY, GIVIN STATING TH. ST.	(B) DISOR	se	Cardio-Va	ascular	
CATI	(This does repeated in the control of the control o	LEADING TO DEATH to the mode of the mode o	F ANY, GIVING THE STATING THE	DUE TO DISOR (B)	se	IF OPERATION V	WAS RELATED TO	20. AUTOPSY?
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ICAL CERTIFICATI	(This does repeated to the control of the control o	LEADING TO DEATH NOT THE MAN T	F ANY, GIVIN STATING THE STATI	DUE TO DISOR (B)	PERATION The graph of the property of the pro	IF OPERATION CAUBE OF DE PART I OR PA	WAS RELATED TO ATH. ENTER IN RT II Baltimore City, g	YES NO
DICAL CERTIFICATI	(This does repeated to the control of the control o	LEADING TO DEATHOR LOCK MEAN THE MODE OF CONDITIONS, IT ABOVE CAUSE (A) NG CONDITION LA LIFE CONDITION CAUSING CONDITION LA LIFE CONDITION CAUSING CONDITION LA LIFE CONDITION CAUSING CONDITION CAUSING CONDITION LA LIFE CONDITION CAUSING CONDITION CONDITION CONDITION CONDITION CONTROL CONDITION CONDITION CONTROL CONDITION CONTROL CONDITION CONTROL C	F dying, e. s. nos the diseas aused death ses ES F ANY, GIVIN STATING THE ST	DUE TO DISOR (B) (B) (C) JTING THE TION FOR WHICH OF RMED PLACE OF INJURY (home, farm, factory, street, office while at most while at work at work at work and that death occurs and that death occurs and that death occurs and that death occurs are the properties.	PERATION o. g., in or bldg., etc.) ED 21f. HO LE 21f. HO 238. ADDRESS	IF OPERATION OF CAUBE OF DE PART I OR COLUR? W DID INJURY 2, to Jan. m., from the ca	was related to ath. Enter in Rt II Baltimore City, go	YES NO
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MEDICAL CERTIFICATI	(This does repeated to the control of the control o	LEADING TO DEAT Not mean the mode of the mode of the mode of the mode of matchine, etc. It mea complication which complication which complication which complications, in a second the mode of the mo	TH f dying, e. s. no sthe diseas aused death ses aused death ses stating the s	DUE TO DISOA (B) (B) (C) (C) (C) (DIING THE TION FOR WHICH OF STAND (E) (E) (E) (E) (E) (E) (C) (C)	PERATION C. g., in or 21c. Wholds, etc. 1NJURY ED 21f. HO LE 19 Pred at 23B. ADDRESS 11 E. Cha:	IF OPERATION IS CAUBE OF DE PART I OR PA SERE DID (If in OCCUR? W DID INJURY DE TO Jan. m., from the cause St. RY 240. LOCAT	WAS RELATED TO ATH. ENTER IN RT II Baltimore City, go	that I last saw the date stated above



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland//07 B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION JAIIIMOLE D. STREET ADDRESS (If rural, give location) Yrs. Mos. . MANDUER . Length of stay in Baltimore Davs 9. AGE (In years) If Under I Year If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR CLNEIDERS RES work done during most of working life, even if retired) WHAT COUNTRY? JANIIOR TERMANU 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. BME INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE WHILE AT AT WORK . 195 10 to ., 19___, that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. and that death occurred at. deceased alive on 5/7/1 19 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24D, LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVED (Specify) 24C, NAME OF CEMETERY OR CREMATORY)allimorE WESTERM ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



25. FUNERAL DIRECTOR

ADDRESS

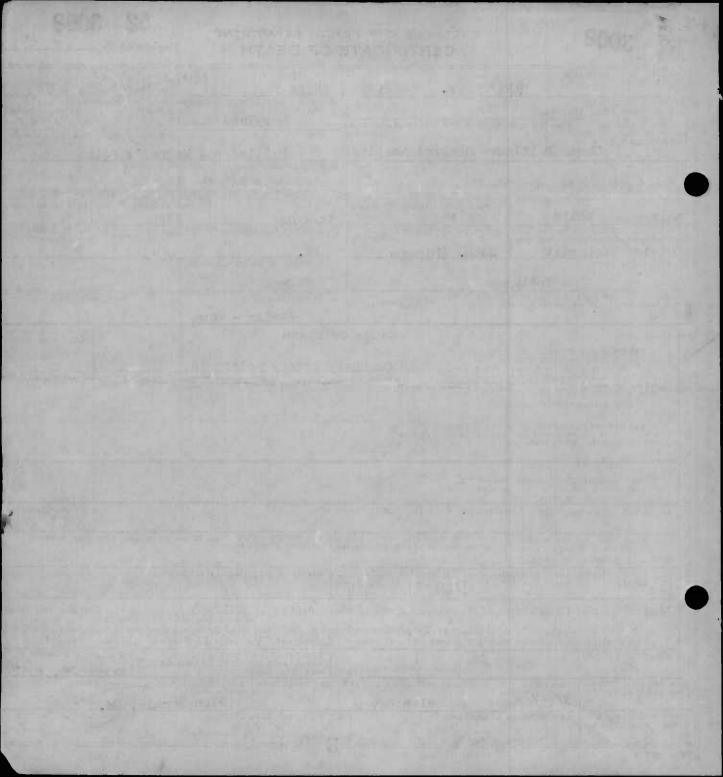
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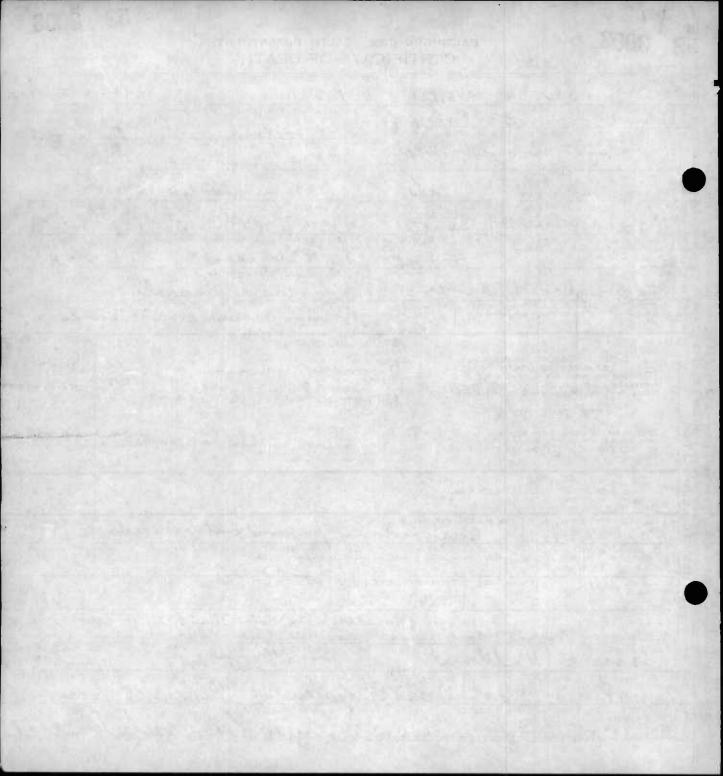
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25. FUNERAL DIRECTOR

DATE RECEIVED BY

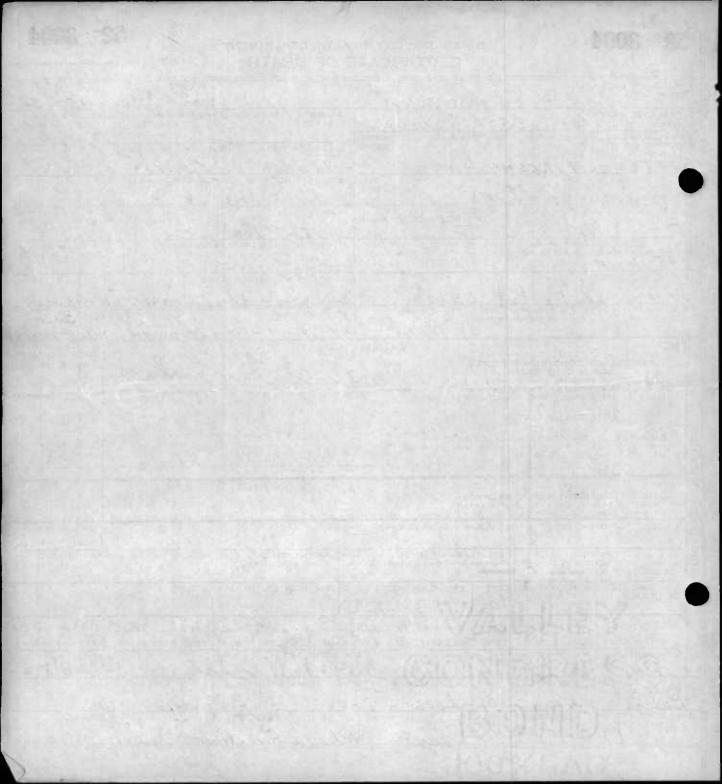
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VS 150

REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT

3005 Registered No.

BIRTH NO.		CERTIFICAT	E OF DEATH	areg.beered a	
1. NAME OF D				2. DATE OF	
(Type or Print)	Morri	is C.Weller		DEATH Marc	h 26th. 1952
B. FULL NAME	City, Maryland	al or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If City	before admission)
HOSPITAL OR INSTITUTION	I512 E.Lafaye	location	C.CITY OR TOWN (If outside corporate) limits, write RURAL and give township		
ength of s	tay in Baltimore	I6 Yrs. Mos Day	I ISTO K. Latavet	frural give location)	
5. SEX Male	6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Married)	8. DATE OF BIRTH		Under I Year N Under 24 Hours nths: Days Hours Min.
work done during most	CUPATION (Give kind of of working life, even if retired) y Builder	Truck Bodies	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	141	14. MOTHER'S MAIDEN N	NAME	
Willia	m S.Weller		Belle Collins		Except objecting
15. WAS DECEAS	ed ever in U. S. ARMEI	of service) 16. SOCIAL SECURITY NO. 215-10-1168	17. INFORMANT		
UNDERL.	S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI	ad premis	myssachen	2 9 mon	
U TO THE	ISEASE OR CONDITION	CAUSING IT.			
19A. DATE	OF OPERATION I	9B. MAJOR FINDINGS OF OPI	ERATION		20. AUTOPSY?
21A. ACCII	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, short home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
2	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE M. WORK NOT WHILE AT WORK	LE CO	RY OCCUR?	
22 al herei	by certify that I att	ended the deceased from 1	2-4- 60 , 19 , to	the causes and on the	that I last saw the
23A. SIGNA		headen M. D.	23B. ADDRESS	North An	23c. DATE SIGNED 3 /27/52
24A. BURIAL,	Specify		TERY OR CREMATORY 24D.		
Burial	3-29-19	52 Silver Sprin	gs Cemetery La	ncaster, County	,Pennsylvania
DATE RECEIVE LOCAL REGIST	TRAB 1952 REGISTRAR	of Signature Williams, Lite	George J.Ruth, I	nc.f1735 Harf	ord Avenue

VS 150

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Selfer J Strong Sub-mon and symmetry that come to support the support to the support AND THE PARTY OF THE PARTY OF THE PARTY. THE RESERVE THE PARTY OF THE PA

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

13. FATHER'S MAME

60010

(Yes, ne or unknown)

INSTITUTION

male

clearly

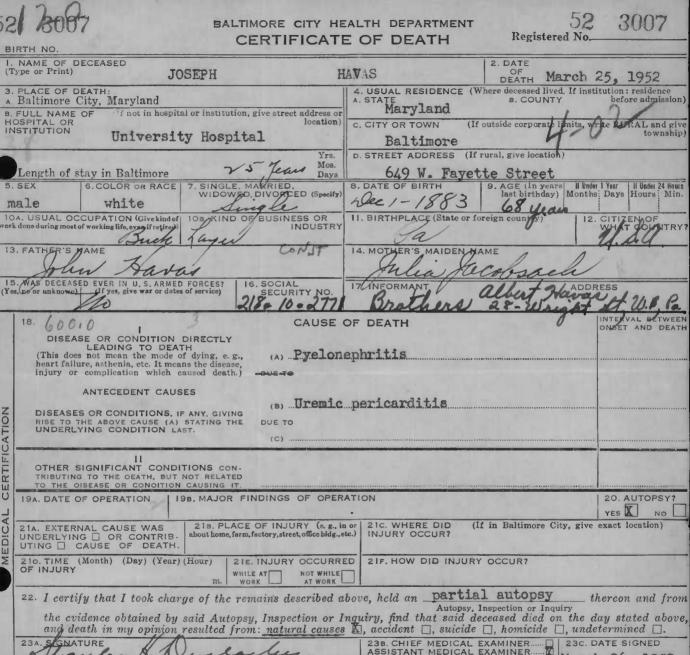
death

especia

A. Baltimore City, Maryland

Length of stay in Baltimore

white



21A. EXTERNAL CAUSE WAS UNDERLYING D OR CONTRIB UTING | CAUSE OF DEATH.

CREMA-I

19A. DATE OF OPERATION

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A. SGNATURE

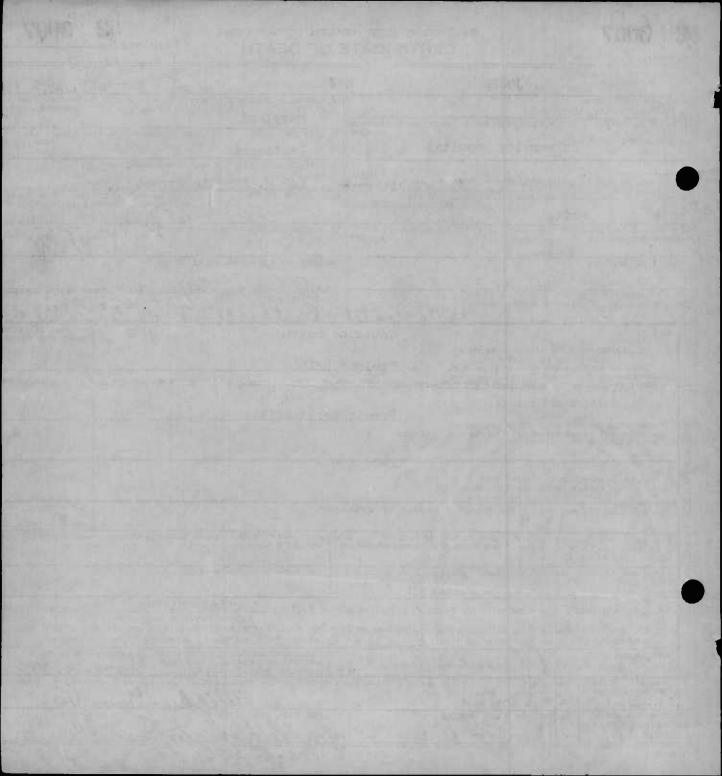
TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24B. DATE

24c. NAME OF CEMETERY OR

MEDICAL INVESTIGATOR

151



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 3008

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) TOHN CHAMBERS	2. DATE OF DEATH 2 6 march 52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	309 Tunoriage wood.
INSTITUTION Mercy Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL are give
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED,	18. DATE OF BIRTH 19. AGE (In years) IN Under 1 Year II Under 24 Hours
m WIDOWED, DIVORCED (Specify	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during post of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John K. Chambers " (7)	Butha Berser
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT - SOG Tunbricke 4
	OF DEATH INTERVAL BETWEEN
	reased intracravial moverts
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	reased wing crawer y mounds
injury or complication which caused death.) DUE TO ONE	soure 1.0.
ANTECEDENT CAUSES	in Tumor, Glioma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Tomo Cobe
UNDERLYING CONDITION LAST.	w-9
II	
OTHER SIGNIFICANT CONDITIONS CON-	
19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPE	RATION 20, AUTOPSY?
323 march 52 marin wins	~ PC leup toll YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office hidg.	
21b, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURS OF INJURY	
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Z	mard, 152, to 26 mard, 19 I that I last saw the
23A. SIGNATURE	arred atless m., from the causes and on the date stated above. 238. ADDRESS 230. DATE SIGNED
Leonge Th. Junta M.D.	mercy Hop. 26 march &
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3-29-1952 ST. JOSEPH	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 27/1952 Huntington Williams, M.Z.	H.W. JENKINS & SAUS (B 4905 YORK RO
VS 150	
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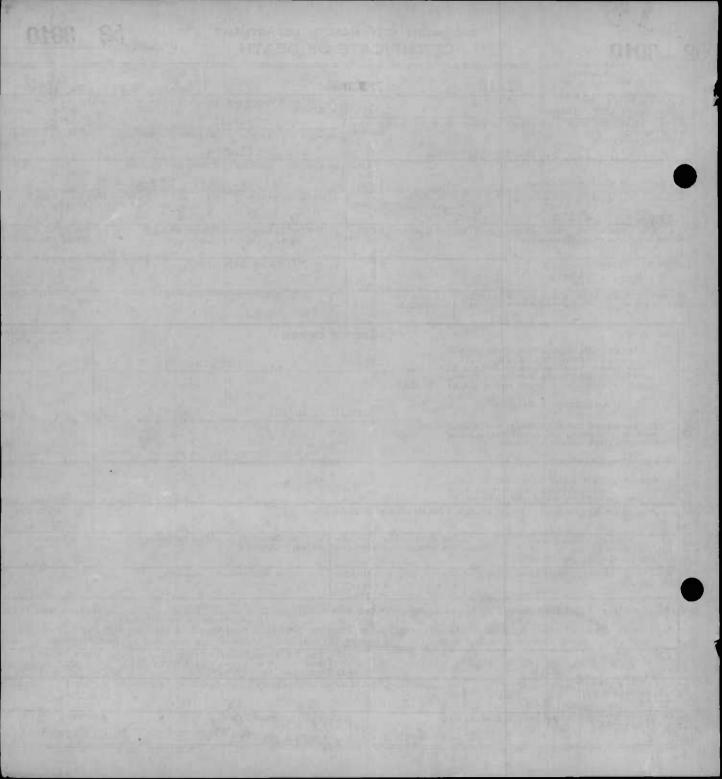
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	BALTIMORE CITY HE CERTIFICATI	
	1. NAME OF DECEASED (Type or Print)	1 2. DATE DAY 26 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH W. QV 22 A USUAL RESIDENCE (Whose deceased lived, If institution: yesidence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	c. CITY OR TOWN (If out de corporate limits, write RURAL and give township)
6101	JOHNS HOPKINS HOSPITAL Yrs.	D. STREET ADDRESS (Moral, give location)
Ball D	c./Length of stay in Baltimore Mos. Days 5. SEX 6. COLOR OR RACE 7. SANGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
ly and	emale White WIDOWED, DIVORCED (Specify)	12 - 18-51 last birthday) Months Days Hours Min.
clearly	/10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** **IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
death	13. FATHER'S NAME David P. Staley	14. MOTHER'S MAIDEN NAME Maxine A. Barry
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
causes	127.7	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cuspid atresia 3 months
write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	Z ANTECEDENT CAUSES	ental heart diese 3 months
: please	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ians		
Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPER	
important	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bloth bome, farm, fectory, street, office bldg., c	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
cially	22. I hereby certify that I attended the deceased from 3	19 ,1913 to 3/26, 195-2 that I last saw the
espec	deceased alive on 3 /26, 1952, and that death occur	rred at 12 tm., from the causes and on the date stated above.
age is	Derigo C. M. Gam M. D.	JOHNS HOPKINS HOSPITAL 3-26-52
	24a. BURIAL, CALMA- TION, REMOVAL (Specify) Removal 3/27/52 Oak Grove Co	
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 27'1052	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
	vs 150	Bath 17 md.

* (1)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3010

I. NAME OF DECASED I. PLACE OF DEATH. Baltimore City, Maryland a. FULL NAME OF CITY ON TOWN II. WAS PROVIDED BY THE STREET Length of stay in Baltimore Length of stay in Baltimore Length of the stay in Baltimore Length of Mile Length of Mile Length of Stay in Baltimore Length of Stay in Baltimor	Lamp I	HI HANG A C						
3. PLACE OF DEATH. Baltimore City, Maryland a. FULL NAME OF the in baspital or institution, give street address of beattann) 115 W. Barre Street Length of stay in Baltimore Length of stay in Baltimore S. SEN G. OLOR OR RACE M. SEVEN C. OLOR OR RACE M. SEVEN C. OLOR OR RACE M. SEVEN C. SEVEN C. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. S. SEN G. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. S. SEN G. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. M. S. SEVEN C. OLOR OR RACE M. M. M. M. M. S. SEVEN C. OLOR OR RACE M. M		yna ar Print)	OF	26, 1952				
Colifor for town Content Country Count			4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence				
Length of stay in Baltimore S. SER 6. COLOR OR RACE 7. SINGLE MARRIED 115 W. Barre Street 115 W. Barr				ΩL				
Length of stay in Baltimore Mos. Days D. STREET ADDRESS (If rural, eve location) Days Da		STITUTION	C. CITT OR TOWN (II outside corporate mints, w	township)				
Length of stay in Baltimore 3. SEX G. COLOR OR RACE WIDOWED DIVORCED (Specify) Formal Length (Part 1 19 19 19 19 19 19 19								
S. SEX C. COLOR OR RACE 7. SINGLE, MARRIED 10. MIDOWED DIDOWED DIDOWED 10. MORPH		Mos.						
Female White Wijdoweld, Divorced (Speedby May 6, 1890 Instituted Days Hours Min.	5.			er I Year If Under 24 Hours				
INDUSTRY Deltimore, Maryland WHAT COUNTRY		WIDOWED, DIVORCED (Specify)	May 6, 1890 last birthday) Month					
15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JOHNS FINE PROPERTY 16. SOCIAL SECURITY NO. 17. INFORMANT JOHNS FINE PROPERTY 17. INFORMANT JOHNS FINE PROPERTY JOHNS FINE PROPER	work	done during most of working life, even if retired) INDUSTRY		. CITIZEN OF WHAT COUNTRY?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so or unknown) (If yes, sive wat or date of vervice) 16. SOCIAL 17. INFORMANT Jones Princes 18. 6. 00.0 19.	13							
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, attentine, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. (C) 19. A DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. ADATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. AUTOPSY? VES IX NO 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. should bous, farm, factory, street, officebody, street, officebody		Harry Travers	Sallie Kiwan					
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Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Ī	18. 600,0 CAUSE	OF DEATH					
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ASSISTANT MEDICAL EXAMINER		and death in my opinion resulted from: natural causes	🗵 🖾, accident 🗌, suicide 🔲, homicide 🗀, und	etermined [.				
24A. BURIAL. CREMA- TION. REMOVAL (Specify) TO OVAL DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Virginia 25 UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S		111.1. 11/	ASSISTANT MEDICAL EXAMINER					
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MAR 21 1532 Tuntungton Vallation 18 Man Cook. 21217 St. Paul Street	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE						
V \$ 151	M	AR 277332 Tuntinglove Vallagues, by	Hun Cole. 2217 St. Paul	Street				
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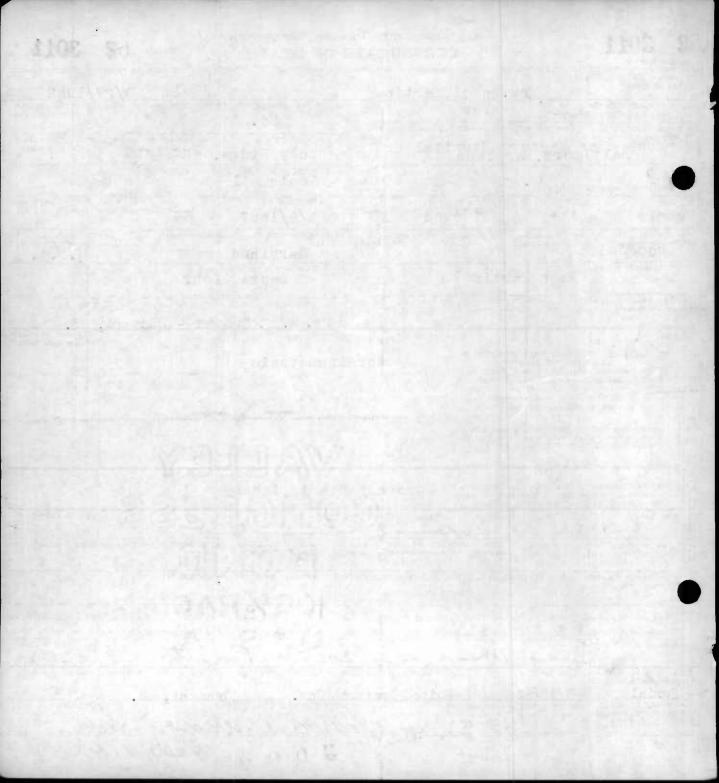


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BALTIMORE CITY HEALTH DEPARTMENT

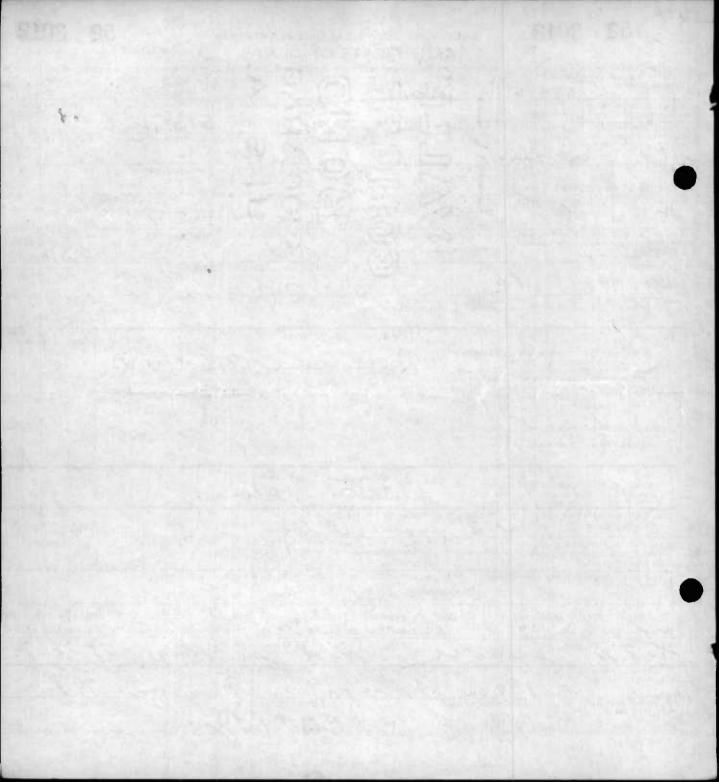
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BIRTH NO.			CLIVIII ICATI	L OF DEATH	/	-7/2
1. NAME OF D (Type or Print)					2. DATE OF	
			l Martin		DEATH	3/27/1952
	City, Maryland	Yes		4. USUAL RESIDENCE (VA. STATE Md.	Where deceased lived B. COUNTY	. If institution: residence before admission
HOSPITAL OR			ion, give street address or location)		outside corporate li	mits, write RURAL and g
BE	Bon Second	ry Hos	pi tal	Rocky Ridge	Marylan	d townshi
Cength of s	tay in Baltimore		Yrs. Mos. Days	Route # 1	rural, give location)	6000
5. SEX Female	6.COLOR OR RACE		E, MARRIED, VED DIVORCED (Specify)	8. DATE OF BIRTH 7/9/1887	9. AGE (In years last birthday)	Months Days Hours: Mi
10A. USUAL OC work done during most of HOUSE	CUPATION (Give kind of of working life, even if retired) W 110	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f. Maryland	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S N	John Ma	artin		14. MOTHER'S MAIDEN N	AME Lohr	000000
15. WAS DECEASE	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown)	(If yes, give war or date	a of service)	SECURITY NO.	Mr. M. L. Crea	Thursday	
	FE OR CONDITION	ГН	Caro	of DEATH		INTERVAL BETWE ONSET AND DEA
heart failu injury or	not mean the mode of re, asthenia, etc. It mea complication which of	ns the diseas aused death	e,			
DISEASES	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVIN				
OTHER S	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED COLOURIA	Heart Disease		
1 7			FINDINGS OF OPER			20. AUTOPSY1
U	21-52	7		Carcinoma Ca	· Dalling Cir	YES NO
LYING OF	R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		II in Baltimore Cit	y, give exact location)
21D. TIME ((Month) (Day) (Year)	` '	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	HE CONTRACTOR
		m.	WORK L AT WORK L	1-10 62	1 . 27	<u> </u>
22. I hereb	y certify that I att	ended the	deceased from	3 197 4 to		52, that I last saw
23A. SIGNAT	TURE 1	19_7_4	and that death occur	3-19, 1951 to gen., from t	ne causes and or	n the date stated abo
	Juan	me.	de K M. O.	2025 W. Fan	ette	3-27-5
24A. BURIAL, C TION, REMOVAL (S			24C. NAME OF CEMETE		CATION (City, to	
Burial	3/30/52		United Breth		urmont, Md.	A
MAR 27 13	RAR	S SIGNATI	Villiagus, MZ	S FUNERAL DIRECTOR	bener &	ADDRESS
VS 150		0	* 44	306	Back	md.

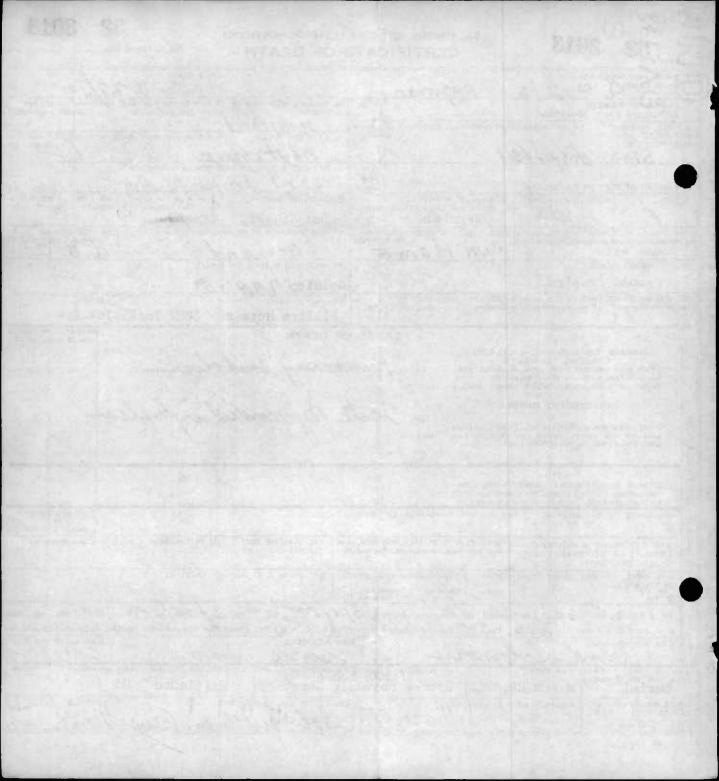


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BALTIMORE CITY HEALTH DEPARTMENT

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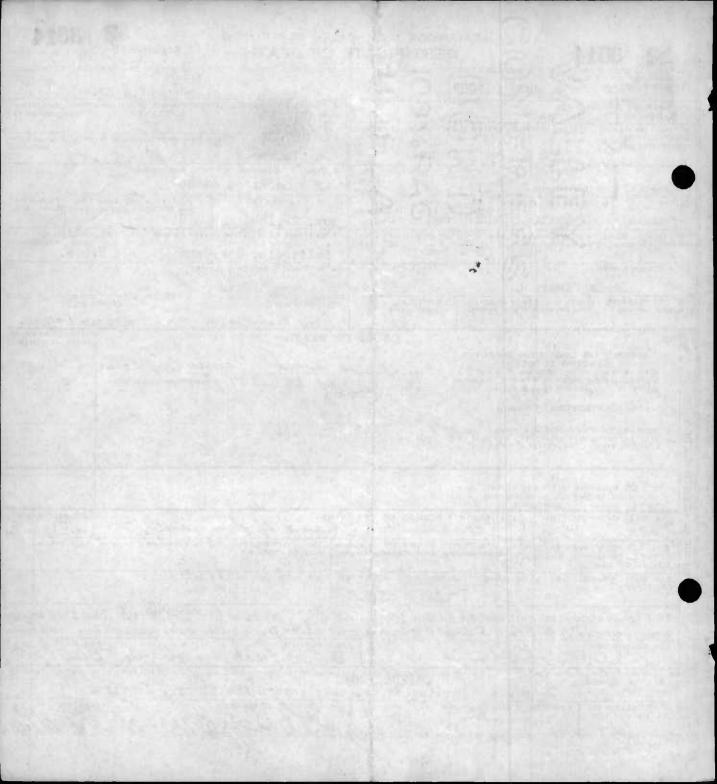
CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) ANNA SINGER DEATH 3/26/52. S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location? c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2905 Rockrose Avenue Baltimore D. STREET ADDRESS (If rural, give location) Mos. 2905 Rockrose Avenue Life Length of stay in Baltimore Days 9. AGE (in years | | Under | Year | | Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) White Nov. 27,1896 Female 55 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of warking life, even if retired)
HOUSEWIIE Own Home Baltimore, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Moses Pinerman Sarah Potts 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unknown) (If you, give war or deton of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Jean Singer 2905 Rockrose Avenue. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Redomind Camonisto DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT () 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 19 \$6to Mee 26, 19 That I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 20026, 1952 and that death occurred at 2.55 pm., from the causes and on the date stated above.

23A, SIGNATURE

| 23B, ADDRESS 700 Vacto Height a New 27/8 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Arlington Cemetery Rogers Afaltimore, Maryland 3/28/52. Eurial 25. FONERAL DANGETOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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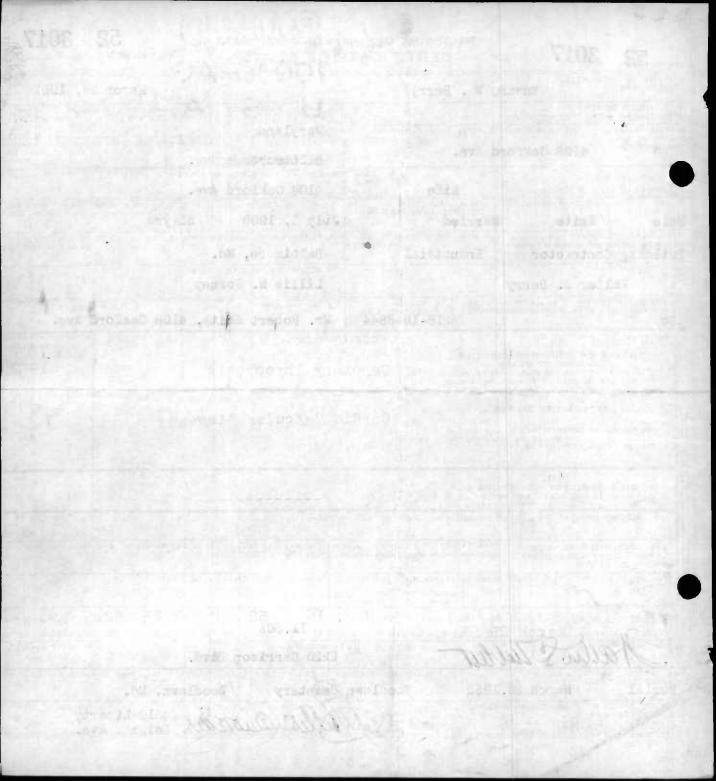
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3018 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or Mana B. FULL NAME OF location' HOSPITAL OR C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION emare Yrs. D. STREET ADDRESS (H rural, give location) Mos. c. Length of stay in Baltimore annou Davs 9. AGE (in years | Munder | Year | Munder 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 5/SEX WIDOWED, DIVORCED (Specify) 420wedowed JOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BORTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? fork done during most of working life, even if retired) INDUSTR as home rmany 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INBORNANT (Yes, no or unknown) SECURITY NO CAUSE OF DEATH 18. L22. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, fectory, street, office bldg, etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK WORK 1944, to 5 -2 6, 1907, that I last saw the m., from the causes and on the date stated above. 22. I hereby certify that Lattended the deceased from March -26 19 2 and that death occurred at 3 deceased alive on 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, BENOVAL (Specify) 24D. LOCATION (City, town, or county) 248 DATE 4c. NAME OF CEMETERY DR CREMATORY Murias 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

pr.gordy

Millos uau.

24A. BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

23c. DATE SIGNED 3-27-

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REDISTRAG

township)

MARLUA-

25. FUNERAL DIRECTOR

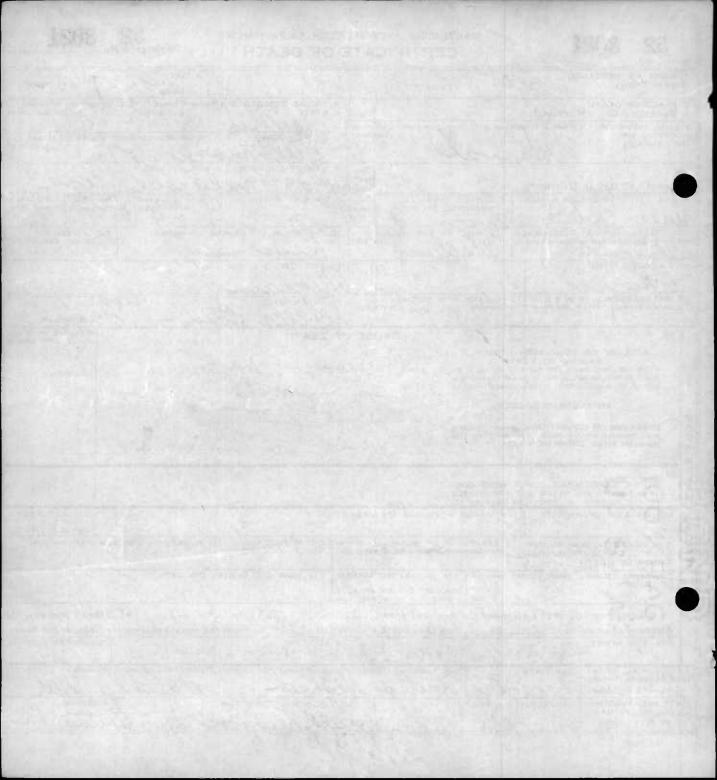
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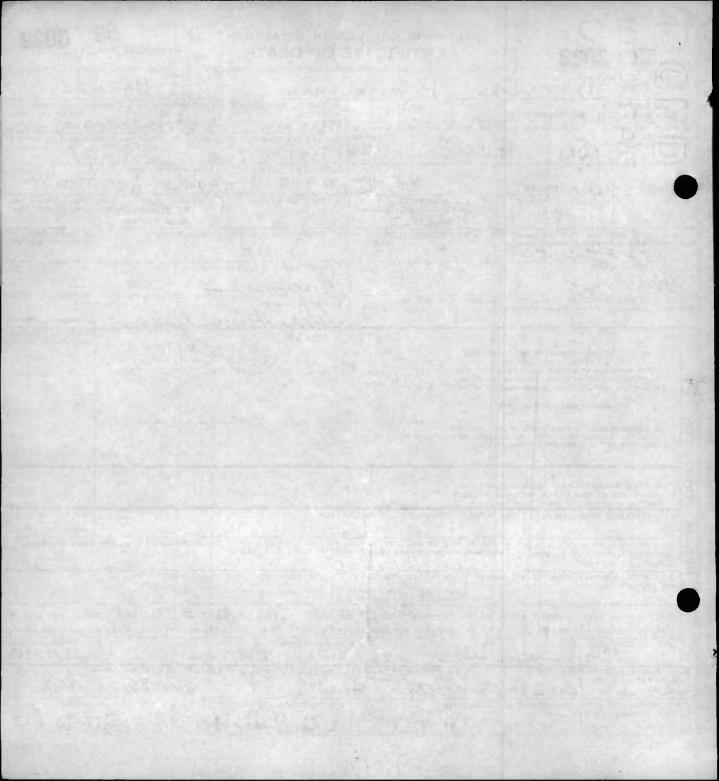
Dr. Hang.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ARCHIE MAC NICOL Mar. 27, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location)
INSTITUTION HOSPITAL
Wyman Pk. Drive & 31st Street C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Redford D. STREET ADDRESS (If rural, give location) Yrs. Mos. 531 Purchase Street Length of stay in Baltimore Davs 8. DATE OF BIRTH 909 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours; Min. 5. SEX 6. COLOR OR RACE Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY St. Chacotlandichigan seaman Seafarer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mac Nicol Robin Mac Lean 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Records - US PHS Hospital, Balto, Md. 31 -09-9938 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Carcinoma of lung Unknown heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Mar. 9 1952 to Mar. 27, 1952 that I last saw the 22. I hereby certify that I attended the deceased from-Mr. 27, 1952 (and that death occurred at 1: 30Am., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS US PHS Hospital, Balto, Md. Medical Officer in Charge D.W. Patrick, 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) 3-24-52 Dural haum DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

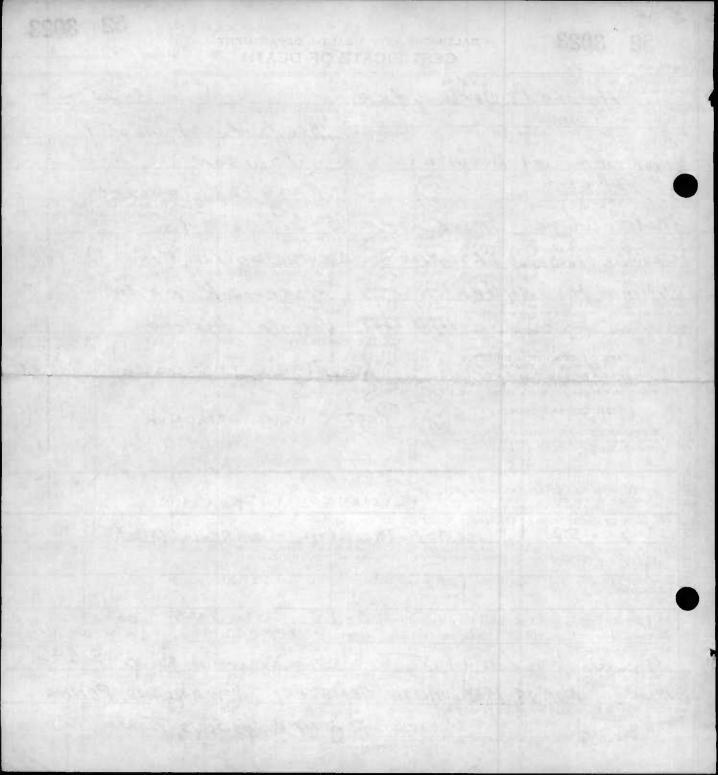
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Stein, (Type or Print) Harm OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION umore Yrs. D. STREET ADDRESS (If rural, give location) Mos. nalgrove length of stay in Baltimore Dave 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under | Year | If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OF RACE narried 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? some 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17/ NPORMANT ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hepatomeraly due to (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 14 CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 3. 6. 1952 to 8. 27 , 1952, that I last saw the deccased alive on 3, 27, 1952, and that death occurred at 50 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1014 N. Broadway 3. 27. 52. 24A BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE Huras DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

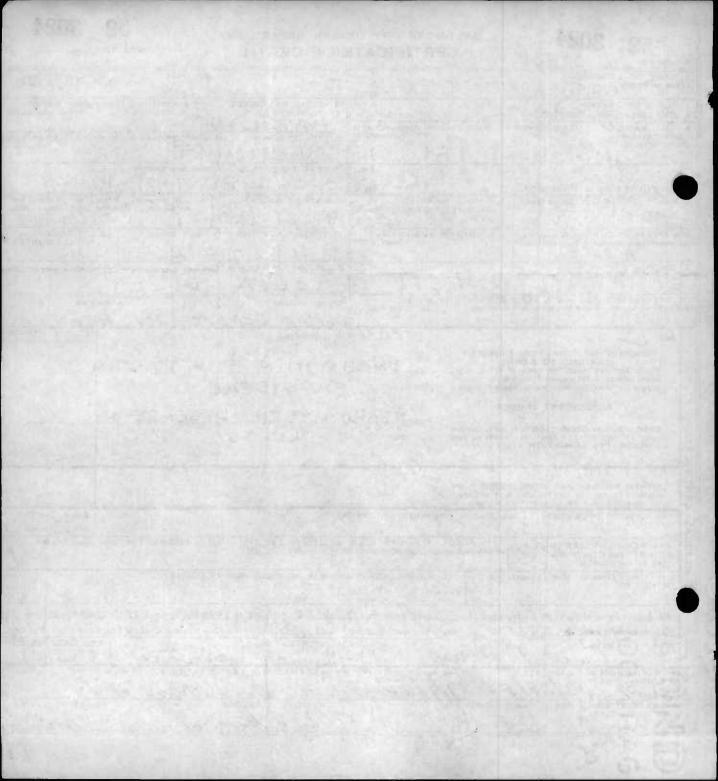




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	52 3023 BALTIMORE CITY	HEALTH DEPARTMENT	3023
		TE OF DEATH Registered No.)
	1. NAME OF DECEASED (Type or Print)	2. DATE OF	C-52
	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If in	
1	B. FULL NAME OF (If not in hospital or institution, give street address		perfore admission)
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7.7	UNION MEMORIAL HOSPITAL	s. D. STREET ADDRESS (If rural, give location)	200
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alla	male white married (Specific Married)	8. DATE OF BIRTH 9. AGE (In years III	nder I Year II Under 24 Hours the Days Hours Min.
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200	deceased alive on 3-23, 1952, and that death oc	curred at 1000 m., from the causes and on the	23c. DATE SIGNED
DO TO	I grancio Hansell Wall M.D.	Umm Memorial Hosp.	3-25-52
בכר מ	248. PURIAL CREMA- TION, REMOVAL (Specify) May. 19. 1952 LUTHERY C	EMETERY NEW HOLLAND, I	PENNA.
1100	DATE RECEIVED BY RECESTRAR'S SIGNATURE WILLIAMS ME	25. FUNERAL DIRECTOR	V, MD.
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	50	3024	BAL	TIMORE CIT	Y HE	ALTH DEPARTMENT	r 5	2 ,	3024
В		0-08308		CERTIFIC	CATI	E OF DEATH	Registered :	No	
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13	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		17. INFORMANT	2021	DDRESS	-
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CE P	TO THE D	DISEASE OR CONDITION	CAUSING IT						••••••
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especially		y certify that I att					1ARCH 25,19_		
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80 2 8 TI	4A. BURIAL,		2			RY OR CREMATORY 24D.	LOCATION (City, town	, or count	ty) (State)
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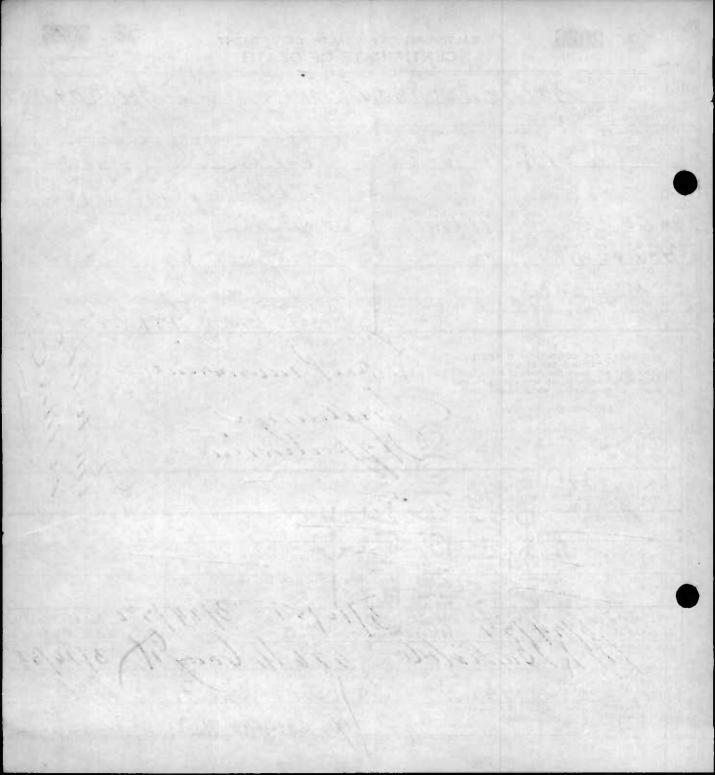
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13. FA	THER'S N	AME			14. MOTHER'S MAIDEN NA	AME	
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	or anknown)		ites of service)	SECURITY NO.	David Booze	0420 14. 3	ison Ave.
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

RTH NO.	CERTIFICAT	E OF DEATH	2-08-300704
NAME OF DECEASED	tie Jackson	JONES	2. DATE OF MANCH 24.1963
Baltimore City, Maryland		A. STATE	Where deceased lived, If institution desidence B. COUNTY before admission
SPITAL OR			f outside corporate limits, write RURAL and give
1031W.	7a ye/185T.	1302/10.	10
Length of stay in Baltimore	Mos. Days	1037W. 7	rural, give location
SEX 6. COLOR OR RACE		Sent 93 1890	9. AGE (In years Il Budst Yast H Under 24 Hours last birthday) Months Days Hours Min.
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		[rospec]	Va. X.S.a.
an JONES		Manther	AME 9
WAS DECEASED EVER IN U. S. ARME no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Bessie Bran	ADDRESS ADDRESS
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neart failure, astnenia, etc. It mes	ans the disease.		
	(B)	lucenzas	12 M
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	(C)f	- Colored	
OTHER SIGNIFICANT CONDI	ITIONS CON-		
TRIBUTING TO THE OEATH, BUT	NOT RELATED		
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I	If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year, OF INJURY		ED 21F. HOW DID INJURY	Y OCCUR?
20.71.7.44.4.4	m. WORK AT WORK	1013700	1411.157
1 1 1 1/2/11/11/11		14000	the causes and on the date stated above
23A. SIGNATURE	astrolice 12	3B. ADDRESS	3C. PATE SIGNED
A. BURIAL, CREMA- 49. DATE			OCATION (City, town, or dounty) (State)
wing March	1962 11/1- Walnu	m am. Wa	Us. Milly.
CAL ADDICIONALD		1	Min Aboress 3221
	Length of stay in Baltimore SEX 6. COLOR OR RACE A. USUAL OCCUPATION (Give kindo doph Juring most of working life, evan if retired doph Juring most of working life, evan if retired with the state of the occupant of the state of the state of the occupant of the state of the occupant of the occu	NAME OF DECEASED Appe or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION 37 // A	NAME OF DECEASED PLACE OF DEATH Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION 3



VS 150

Burial DATE RECEIVED BY

23A SIGNATURE

24A. BURIAL, GREMA-

LOCAL REGISTRAR

deceased after on 3-25-52 19

1/Us

REGISTRAR'S SIGNATURE

248. DATE

22. I hereby certify that I attended the deceased from. and that death occurred at Min., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

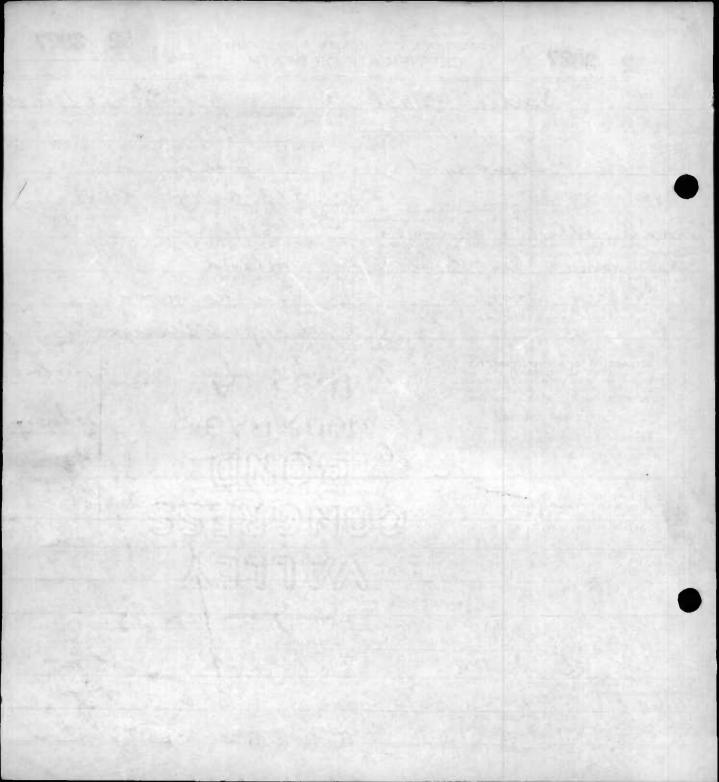
24c. NAME OF CEMETERY OF SREMATORY

before admission)

-10 de

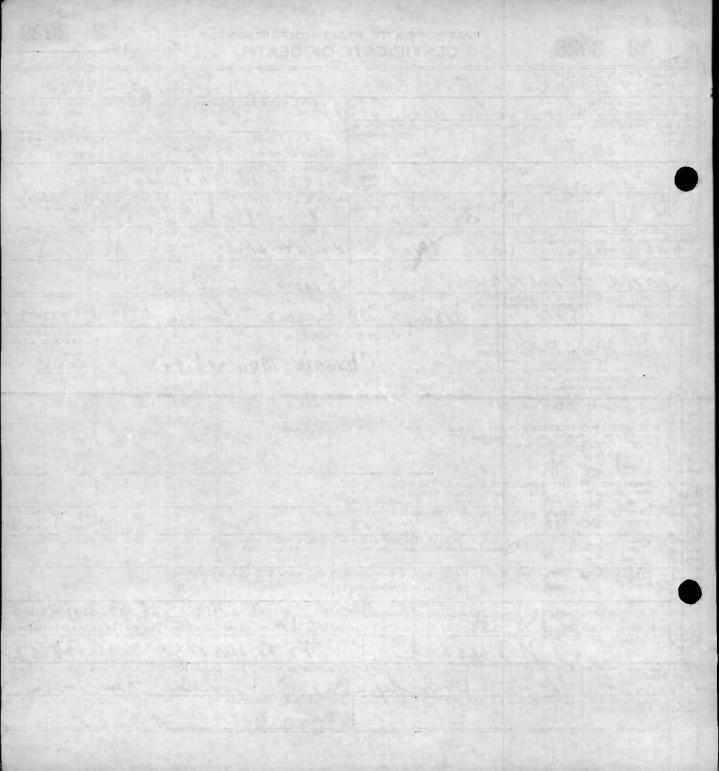
AUTOPSY

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) William DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) 0/016 (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Pila Charles St V05 township) D. STREET ADDRESS (If rural, give location) Yrs. Mus. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED II Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. SINGLE 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during phost of working life, even if retired) WHAT COUNTRY? Machinist Steel Co 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 13200 NO. 2-07-4022 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chronic Myocarditis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT deceased alive on March 18, 1952, and that death occurred at 2 A m., from the causes and at 1 last saw the 23A. SIGNATURE 24A. BURIAL, CREMA REMOVAL (Specify) rmoval DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 6000 VS 150

especially



BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Nettie J. Smith March 27, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4506 Bowleys Tane Paltimore D. STREET ADDRESS (If rural, give location) Yrs. 4506 Powleys Lane ength of stay in Baltimore Days 5. SEX 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. OATE OF BIRTH 7. SINGLE, MARRIEO WIDOWED, DIVORCED (Specify) Oct. 17, 1893 female. white Married 10A. USUAL OCCUPATION (Glvekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Crown Cork & Seal O WHAT COUNTRY? achine Operator Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CORN PROBLES Wilhelm Brockschmidt Clare 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. John E. Smith. 4506 Powley's Lane INTERVAL BETWEEN 592X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION YES 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from_ Lihat I last saw the 1 1957, and that death occurred at 5.6 deceased alive on_ Am, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 236-DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Holy Redeener Cemetery Paltimore. Mryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street wilmston

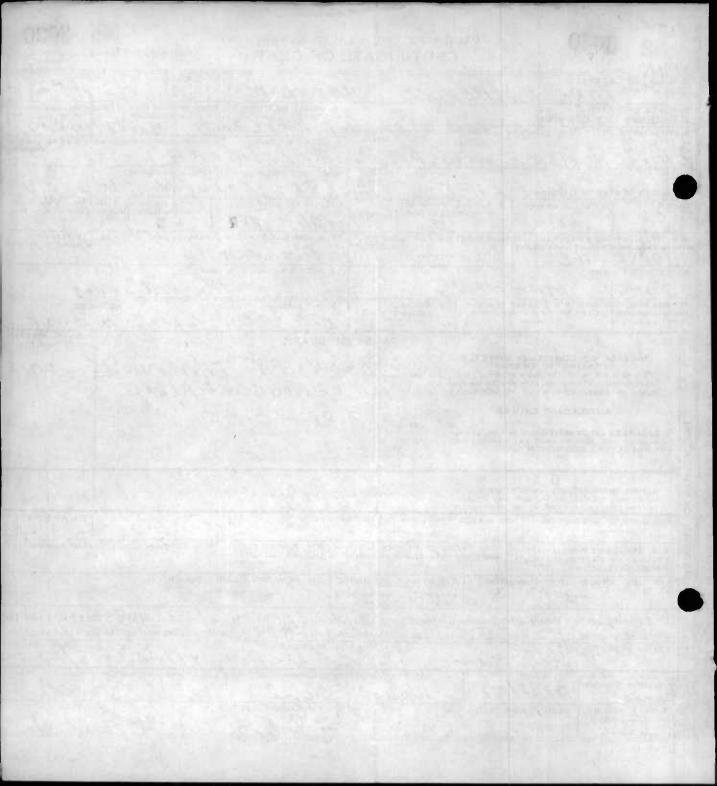
VS 150

52 3030

	52	3030	DAL	CEPTIFICAT	E OF DEATH	Registered	No
BI	RTH NO.			CERTIFICAT	L OF BLATTI	9	
1. (T;	NAME OF D		ATHE	RINE SH	HANKLIN	of DEATH	27/52
A.		EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I	before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	tal or instituti	ion, give street address or location)		outside corporate limi	ts, write RURAL and give township)
1	HURC	H HOME	= 4 M	05P11H	15/727/m	RE	5200
î	ength of s	tay in Baltimore	LIF	Yrs. Mos. Days	1.560 0	f rural, give location)	ING RD.
5.	SEX	6. COLOR OR RACE		MARRIED, PED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under I Year Munder 24 Hours on the Days Hours Min.
10	A USUAL OC	CUPATION (Give kind of	I 108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF
work	dope during most o	of working life, even if retired) WIFE	-	INDUSTRY			WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N		
	JOHN	V MAN	NIN	'G	/	Many Was	97189
15 (Yes	, was DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	11 1	
					ZHURCH	HIME	a HOSP.
	18. 42	-0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		RONARY 7	-HRAADA	CIE DONG
	(This does	LEADING TO DEA not mean the mode are, asthenia, etc. It mea	of dying, e.g		***************************************	***************************************	31- 2017/3
		eomplication which		DUE TO AR	TERIOSCA	EROSIS	
		ANTECEDENT CAU	SES		DIABETE		
Z	DISFASE	S OR CONDITIONS,	F ANY GIVIN	()	. 49110616	4	
F	RISE TO T	THE ABOVE CAUSE (A)	STATING TH		.0		
OA	ONDERE			(c)		***************************************	
E		П					
ERT		GIGNIFICANT COND			EMIA		
5		ISEASE OR CONDITION	CAUSING I	т			
7	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
ICA	21A. ACCIE	DENT WAS UNDER-		ACE OF INJURY (e. g.,		(If in Baltimore City,	give exact location)
1ED	CAUSE OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg.	etc.) INJURY OCCUR?		
2		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUF	RY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
		y certify that I at	tended the	deccased from 3	/25 , 1954 to		that I last saw the
		live on 3/27	, 193 =		rred at 1:00 Am., from	the causes and on	the date stated above
	23A, SIGNA	17 Sac	son	м. р.	Lund / m	~ + 14 oglite	1 3/27/50
24	A. BURIAL	GRENA- 24B. DATE	1-	24C. NAME OF CEMET	ERY OR CREMATORY 240.	LOCATION (City, tow	n, or county) (State)
	Bunial	5/3/	52	Waugh	Chapel	Balto. C	or Med,
	ATE RECEIVE		'S SIGNATU	JRE .	25. FINERAL DIRECTOR	0,	ADDRESS X
MA	R 28 195	1 funter	T	John Maria	Ver bot sac.	1217 55,	Taux V.

is especially important. Physicians: please write the causes of usant

correct age



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH! 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 9. AGE (in years is Under I Year Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? LARORER RETIRED SHORMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or uoknown) (If yes, give war or dates of service) 16 SOCIA SECURITY NO. (Yes, oo or uoknown) 18. DISEASE OR CONDITION DIRECTLY Cerebro-Vaserlar Accident 13 hours LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, Injury or complication which caused death.) DUE TO Generalized Arteriosclerosis ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Roncho Pheumonia TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., io or 2 Ic. WHERE DID (If in Baitlmore City, give exact location)

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED OF INJURY WHILE AT

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 MARCH, 1952 to 26 MARCH, 1952 that I last saw the deceased alive on 25 MARCH 19 52, and that death occurred at 5:20 Am., from the causes and on the date stated above.

23A_SIGNATURE

23c. DATE SIGNED

24A. BURIAL. CREMA-TION REMOVAL (Specify) 24B, DATE

BURLAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

KENWOOD AVE

HIMESO ROSEL POLICE THE THE PERSON OF THE PERSON SALVEY TO COUNTY WITH THE PARTY OF AND A SHEET WAS A SHEET OF THE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print), ARTINStrzelczyk, March 27, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location' c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore #21, D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 50 years + 2731 Dillon Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) NOV. 11 Male Widower Whi te 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unemployed Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME XOHN STRGELCAMIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchial pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic cardiovascular disease 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

20. AUTOPSY YES (If in Baltimore City, give exact location) OF INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from March 23 , 1952, to March 27, 19 52 that I last saw the deceased alive on March 23, 1952, and that death occurred at 12:30pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street March 27. M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PAC NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DT. STANISLAUS CEM BORIAL 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR STEPHEN FIALKOWSKI INC.

township)

E-425 52 3033

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3033

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	Emma Ellison		DEATH	26, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W.	here deceased lived, If in B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospits HOSPITAL OR	al or institution, give street address or location)	C. CITY OR TOWN (If o	outside corporate limits.	write RHPAL and give
INSTITUTION	ome for the Aged		outside corporate minus,	township)
The official of the	Yrs.	Baltimore D. STREET ADDRESS (If r	ural, give location)	
F	Mos.		- 100	m / 5
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If U	nder i Year If Under 24 Hours
	WIDOWED, DIVORCED (Specify)		last birthday) Mont	hs Days Hours Min.
female white	widowed 10B, KIND OF BUSINESS OR	Sept. 29, 1858	reign country) 1	2. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY
housewife	at home	Pennsylvania	145	
13. FATHER'S NAME				
Joseph Tagart		Elizabeth Mill	er	
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
		Mrs. Mamie Fis	her - 2211 W.	Rogers Ave.
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDI	F ANY, GIVING STATING THE DUE TO ST. (C)	•		6 mons
IN TRIBUTING TO THE DEATH, BUT	NOT RELATED			
. 19A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., l about home, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		OCCUR?	
22. I hereby certify that I att	tended the deceased from 12, 1952, and that death occur	Mar 157, to 2 cred at 2 m., from the	he causes and on the	that I last saw the date stated above
Day Name	ah M.D.	15316 North	an .	27 Mar 52
Burial 3/28/5	2 24c. NAME OF CEMETE Lorraine (Cem. Wo	ocation (City, town, o	
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	\$ SIGNATURE	25 FUNERAL DIRECTOR	lener & x	MO
VS 150		(Butto 1	nd.

Certificate signed by me as substitute for Dr af Daries who is rigular physician at Methodist Home for the Aged. John N Barnah MD

of in the factor of the

14-15⁻² 52 3035

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3035

Registered No.

BIRTH NO							
1. NAME (Type or Pr	of deceased rint) Mrs	. Lottie	M. Hofmeiste	r	2. DATE OF DEATH MARC	ch 27, 1952	
A. Baltimo	of DEATH: ore City, Maryland			A. STATE	ENCE (Where deceased lived, I	f institution : residence before admission	
B. FULL N. HOSPITAL INSTITUTI	OR		on, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and g			
A STATE OF THE STA	date rat	10 1000	Yrs.		Simore (If rural, give location)	3-0/	
	of stay in Baltimore	- 0	ears Mos.	3990	Roland Avenue		
5. SEX Fema	1e White		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last hirthday) M	if Under 1 Year If Under 24 Hours Onths Days Hours Min.	
10a. USUA work done durin At H	L OCCUPATION (Give kind o g most of working life, even if retired OME	f 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHE	R'S NAME			14. MOTHER'S MA	IDEN NAME		
	Robinson			Margare	t Tracey		
(Yes, no or unk	CEASED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Walter Hof		ADDRESS Lls Road	
18. 4	-22.1 . 4		CAUSE	OF DEATH		INTERVAL BETWEEN	
DI	ISEASE OR CONDITION LEADING TO DEA	TH	T. I	mosdero	tu CVDT	- 7	
hear	s does not mean the mode t failure, asthenia, etc. It me y or complication which	ans the disease	,				
111,000			10				
z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) LINGUING (B) (B) (B) (C) (C) (C)						
RISE	EASES OR CONDITIONS, TO THE ABOVE CAUSE (A)	STATING TH	G E DUE TO	1			
O OND	ERLYING CONDITION L	AST.	(C)	Ilmour.	osiflinis		
E T	11						
W TRIB	ER SIGNIFICANT COND UTING TO THE DEATH, BUT	NOT RELATE	D				
	THE DISEASE OR CONDITION		FINDINGS OF OPER	PATION		20. AUTOPSY?	
AL						YES NO	
LYING	CCIDENT WAS UNDER. OR CONTRIBUTING OF DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			give exact location)	
Z 21D. TI OF INJ	ME (Month) (Day) (Year	(Hour)	TE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
OF INS	URT	m.	WORK NOT WHILE				
22. I h	nereby certify that I at	tended the	deceased from Q	an / T 195	,40 3 - 27,19.	5, that I last saw th	
deceas	ed alive on 3 - 27	1954			from the causes and on	the date stated above	
23A. SI	GNATURE	10.	4/1	3B. ADDRESS	2.11111	23c. DATE SIGNED	
24A. BURI	IAL, CREMA- 24B. DATE	2	M. D.	RY OR CREMATORY	240. LOCATION (City, town	n, or county) (State)	
Buri	val (Specify) Al March 2	9. 1952	Stone Chape	1	Baltimore Co.,	Marvland	
DATE REC	EIVED BY REGISTRAR	S SIGNATU		25. FUNERAL DIR		ADDRESS	
MAR 28	The same	A	18 Marketing 1 1 1	Burges, Fine	ral Home 3631 Fa	alls Road	
Vs 1	50	1.9	took and	Horace	9: Durgee		

Us Shimarish

5-660 52 3036 52 3036 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF March 27, 1952 Mrs. Ella Irene Shearer DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 360h Elm Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 360h Elm Avenue c. Length of stay in Baltimore Life Davs 5. SEX 9. AGE (In years last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) June 1, 1887 Female White Widow 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) UWSIAT COUNTRY INDUSTRY Fidelity Maryland Telephone Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Henry William McFadden 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 212-14-9250 3604 Elm Avenue Kenneth H. Shearer No INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary Heart Deine LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-ED about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from heard 2/1952 to heard 21, 1952 that I last saw the deceased alive on head 261932 and that death occurred at 6 - A.m., from the causes and on the date stated above. 23c. DATE SIGNED

23 SIGNATURE 23B. ADDRESS 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Woodlawn Burial

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

Baltimore Co., Maryland March 31, 1952

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR Burgee Funeral Home 3631 Falls Road MI 60 1006

Jurale VS 150

ih Sallenstein

52 3037 BALTIMORE CITY HEALTH DEPARTMENT 3037 Registered No.__ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Charles Hammond Downin DEATH March 27, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Cedar Beach D. STREET ADDRESS (If rural, give location) Yrs. Poplar Road, Box 150, Route 13 c. Length of stay in Baltimore Davs 5. SEX 8. DATE OF BIRTH 9. AGE (In years if Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male White Jan. 9, 1901 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyeo if retired) WHAT COUNTRY? INDUSTRY PLANEJ Retired vears Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Downin Sarah V. Feigley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. N. Margaret Downin Cedar Beach No INTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

CAUSE OF DEATH

OF INJURY

21B. PLACE OF INJURY (e. g., jo or | about home, farm, factory, street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED NOT WHILE

22. I hereby certify that I attended the deceased from. deceased alive on_

, 1952, and that death occurred at 9.0 m., from the causes and on the date stated above.

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county)

March 31.

Berry .

REGISTRAR'S SIGNATURE

Pikesville, Maryland 25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

w. 36 5

21F. HOW DID INJURY OCCUR?

3631 Falls Road

(If in Baltimore City, give exact location)

before admission)

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

VS 150

Burial

DATE RECEIVED BY

LOCAL REGISTRAN

DICA

Evineral Home 1 Jurall

9-22-50, 19 to 2-15, 1952 that I last saw the

NOT A MEDICAL EXAMINER'S CASE

Starley A Durbolum M.D.

GHIEF OR AS JT. MEDICAL EXAMINER

and the second s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3038

BIRTH NO.				_ 0				
1. NAME OF E (Type or Print)		Varvare				ATE OF 3~2	7-52	
B. FULL NAME	City, Maryland	,	give street address or	4. USUAL RESID	PENCE (Where do	ccased lived, I	befo	re admission)
HOSPITAL OR INSTITUTION	4940 Eas	term Ave.	spital mocation)	Baltine	2.0	corporate lim	its, write RU	RAL and give township)
	stay in Baltimore	47 yrs.	Yrs. Mos. Days	D. STREET ADDR	enners Ave			
Male:	6. COLOR OR RACE	Ter	ARRIED, DIVORCED (Specify)	8. DATE OF BIRT	1	E (in years the birthday)	if Under 1 Year Ionths Days	Hours: Min.
Retired I		Barber S	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign c	ountry)	12. CITIZ WHAT	EN OF
13. FATHER'S	NAME ?			14. MOTHER'S M.	AIDEN NAME			11/1
15. WAS DECEAS (Yes, no or Anknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SECURITY NO.	17. INFORMANT B. C. H.	Records, 4	1940 Eas	address term Ar	V
Z DISEASE RISE TO TUNDERL' UNDERL' CHARLES TO THER STRIBUTION	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION G TO THE OBATH, BUT DISEASE OR CONDITION	TH of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE ISTIONS CON- NOT RELATED	(A)	ary Tubered	losis			and Death
			NDINGS OF OPER	ATION			20. A	UTOPSY 2
21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- PR CONTRIBUTING DEATH		OF INJURY (e. g., i actory, street, office hldg.,			altimore City,	give exact l	ocation)
21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. WHILE WOR			D INJURY OCCU	JR?		
22. I hereb	by certify that I at	ended the dec		-5 , 19 !	52 to Mar. 2			
23A. SIGNA	TURE	Cloge	M. d. 2	38. ADDRESS 4940 Easte:	ez Ave.		3-27-	TE SIGNED
24A. BURIAL. TION, REMOVAL (S Burial	3/31/52		Holy Rede		Baltimor			(State)
DATE RECEIVE LOCAL REGIST	TRAR	s SIGNATURE	NIES OND	25 FUNERAL DI	RESTOR	n.4611	Park He	

401421un u u . 67-40-0 za lawlu. D[++ 00 ++1 000 ++1 Iti oro 101 - - - 15 st. - . 7,1 73 -1:1 3001 , 3° -100 starting in a of. . 20 L5 LC . 1 · az- rma - 710 The state of the s Johnson Land

- 3 3 d 52 3039

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3039
Registered No.

BI	RTH NO.								
1.	NAME OF D	ECEASED		2. DATE					
(1	ype or Print)	Sarah T	ouise White	head	OF DEATH March 26.1952				6. 1952
3. A.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE A. STATE	NCE (Wh	ere deceased lived B. COUNTY	. If institut	
В.	FULL NAME	OF (If not in hospits	al or institution, give stree	et address or	Md.				
	STITUTION	303/ Wind	sor Ave.,	10cacion	c. CITY OR TOWN	(If o	utside corporate li	mits, write	RURAL and give township)
	()	2024 MILIO	SOL AVO.		Baltim				
				Yrs. Mos.	D. STREET ADDRE	SS (lfru	iral, give location)	17	173
		tay in Baltimore		Days	3034 W1	ndsor	Ave.	12-16	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORD	FD (Specify)	8. DATE OF BIRTH		9. AGE (in years	Months: D	ays Hours Min.
F	emale	White	Widowed		May 18,187	1	80		
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND OF BUSIN	ESS OR	11. BIRTHPLACE (S		eign country)	12. CI	TIZEN OF
	House-			INDUSTRY	Md.			W	HAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MA	IDEN NA	ME		
	G.F.Vi	nton Browni	.ng		MARY	VA	11cHoh	5	
15 (Ya	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 16. SOCIA	L NO	17. INFORMANT			ADDRES	s
	O	(1) Jest Brie was or days	none	RITY NO.	rs. Esther	Snar	p 3034 V	\inds	or Ave
	18. 33	i v	å-		OF DEATH				ERVAL BETWEEN
				AUSE C	DEATH			DN	SET AND DEATH
		SE OR CONDITION LEADING TO DEAT	TH /	1 6			7000		
	(This does	not mean the mode oure, asthenia, etc. It mea	f dying, e.g., (A)	يد حــــــــــــــــــــــــــــــــــــ	June	w/			
	injury or	complication which c	aused death.) DUE TO				V		
		ANTECEDENT CAUS	SFS	. 0	0 1	00	/		
7		ANTEGEDENT GAGG	(B)	gu	eroline	are	croseler	Mer	
ō	DISEASE	S OR CONDITIONS, IN	F ANY, GIVING						
4	UNDERLY	YING CONDITION LA	ST.	PL	ON I Va	M.	Accept	9	1 day
FICA.			(C) .			f. i.e.			
느		11							0
RT		SIGNIFICANT CONDI							
CE		ISEASE OR CONDITION							
	19A. DATE	OF OPERATION 0 1	9B. MAJOR FINDINGS	OF OPER	ATION			2	O. AUTOPSY?
Y								Y	ES ND
EDICA	LYING O	DENT WAS UNDER-	218. PLACE OF INJ about home, farm, factory, str				in Baltimore Cit	y, give exa	act location)
ME	CAUSE OF		(77	u accuppe	10 A1- 110W DID	151.11.153.7	0000000		
	OF INJURY	(Month) (Day) (Year)		Y OCCURRE	D 21F. HOW DID	INJURY	OCCUR?		
			m. WHILE AT	NOT WHILE					
	22. I hereb	y ecrtify that I att	tended the deceased j	from	194	to %	hale , 19	52 that	I last saw the
	deceased a	live on March 1	6, 19 Mand that d	leath occur	red at 3 m.	from the	e causes and or	n the date	e stated above.
	23A. SIGNA		- 011		3B. ADDRESS	0	TF 18		DATE SIGNED
	1)m	Ihry 1	aroon	м. р.	4509 IN	Kerly.	Hers his G	U 3.	-27-52
24	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	24c. NAME	DF CEMETER	RY OR CREMATORY	2400	CATION (City, to	wn, or cour	nty) (State)
Taren.	rial	3-28-1	952 Loudo	n Park		Bel	timore,		Md.
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	1º	25. FUNERAL DIR		- Janoi O	ADDF	
LO	DCAL REGIST	RAR - Lunding	low Merhalilia	dist -		2 13			
IVI	AR 2819	57	. 3 1. 13.	- FUF	(Howard St	rong	3207 W.1	Vorth	Ave.

Dr. Thos & ABBOTT 4509 LIB. HAVE, LIOZE Ari - 1100

CERTIFICATE OF DEATH

52 3040
Registered No.

BIE	RTH NO.			CERTIFICATE	- OF DEATH	Register	20 110
	NAME OF Depe or Print)		PH	ILLIP (EFI	FIF) THUE	ATT DEATH 2	7 MAR 1952
	PLACE OF D Baltimore		- 1 /1		4. ÚSUAL RESIDE A. STATE	NCE (Where deceased live	
HC	SPITAL OR	OF (If not in hosp)	al or institut	ion, river reet address or location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
				w.	Baltimore		township)
	enoth of s	stay in Baltimore		Yrs. Mos. Days		SS (If rural, give location	12-04
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in year	Il Under 1 Year Il Under 24 Hours
f	emale	white		ved, DIVORCED (Specify)	June 2, 18		Months Days Hours Min.
10	. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
	sewife	or working his, even it reared)		INDUSTRY	Marvland		WHAT COUNTRY?
13.	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
Sa	muel Cr	ouch			Anna)(?)		
	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		PYRESVille, Md.
,	no			none	Mrs. Mary	Harter - 101 C	hurch Lane /
	18. 42	0,1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		2	+0	000	ONSE! AND DEATH
	(This doe	LEADING TO DEA s not mean the mode of	of dying, e.	E., (A) ALCI	de Corons	vary Jechus	son Immediate.
		ure, asthenia, etc. It mes complication which					
		ANTECEDENT CAUS	SES	ot.	1 to 7)	
NO				(B) Urlesu	aclesone	segeneralive	Several yra.
일	RISE TO	S OR CONDITIONS, I	STATING T		iovasculai	disease.	0
FICA	UNDERL	YING CONDITION LA	AST.				
Ē		11		(C)			
RT		SIGNIFICANT COND					the and the
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
V.			T = 0.0	10= 0= 111111511 (Late Wilese S	ID (IA in Delainous C	YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i: farm, factory, street, office bldg., e			ity, give exact location)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I herel	by certify that I at	ended the	0	bl. 1949	to 27 March	1952 that I last saw the
	deceased a	live on 27 Man	1952	and that death occur	red at 6:30 Pm.	from the causes and	on the date stated above.
	23A. SIGNA		100		38 ADDRESS	010 01	23c. DATE SIGNED
		- TOROS	h15.6	IIIMAR M.D.	5 VIEW &	774 SY-	1x/11/as. 52
24 TIC	A. BURIAL, N. REMOVAL (Specify) 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City,	town, or county) (State)
	Burial	1 3/29/5		Parkwood Cem		Balto. Md.	
	TE RECEIVE		SSIGNATI	Vertalles lity.	25 FUNERAL DIR	ECTOR	ADDRESS
- (V	AR ZOT	302 1	7 6	5 9 9 11	Vran x	Jeckner .	1 soms
	VS 150		, ,			Kant	VAIN
1					V	Maly	0 , , , ,

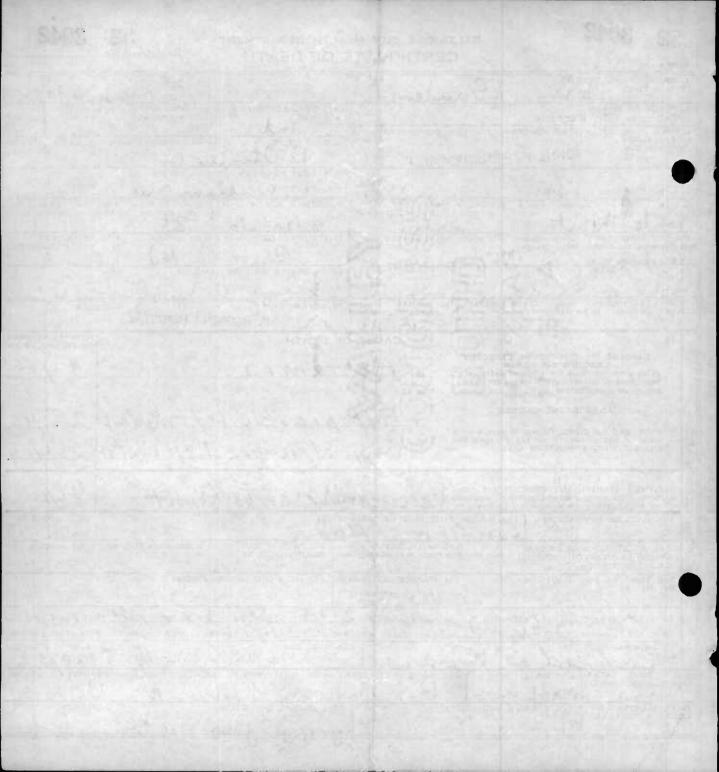
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- Land	400						50		
	52 30	41			EALTH DEPARTMENT	Danistan) Z	30	141
B	IRTH NO.			CERTIFICAT	E OF DEATH	Registere	d No		
	NAME OF D			CLIZABETH		2. DATE OF		OP.	3050
	PLACE OF D		ESSIE	/ HEIL	4. USUAL RESIDENCE (W		rch I. If inst		residence
A.		City, Maryland	tal or inetitut	ion, give street address or	A. STATE Maryland	B. COUNTY		befo	ore admission)
H	OSPITAL OR	OF (II not in nospi	tal of institut	location)		outside corporate l	imits, w	rite RU	KAL and give
		2702 Auche	entoroly		Baltimore		3 -	04	township)
				Yrs. Mos.	D. STREET ADDRESS (If 1	rural, give location nentoroly			
	Length of s	tay in Baltimore		Days E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Unda	r 1 Year	If Under 24 Hours
.	Female	White	wido	VED, DIVORCED (Specify)	Oct. 27, 189h	last birthday)	Month	Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	I 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12		EN OF
II .	clerk B. FATHER'S N			Store	Maryland 14. MOTHER'S MAIDEN NA			VVIIA	COUNTRY
13					14. MOTHER'S MAIDEN NA	ME			/
1.5	John H		D. FORGEGA	L 15 COCIAL	Ada (?)				
(Ye	es, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	es of service)	16. SOCIAL SECURITY NO. 216-24-2253	17. INFORMANT	** 1.1.	ADDI		ly
-		2 1	•		Mr. Charles P. W	/ittemer -	2/02	Auc	
	18. 0 2	SE OR CONDITION	DIRECTLY		OF DEATH			ONSET	AND DEATH
		LEADING TO DEA	ATH	Samh	ilitic aneurysm of	faorta			
	heart failt injury or	ure, asthenia, etc. It me complication which	ans the diseas caused deatl	se, h.) XDEXEAX					
		ANTECEDENT CAU	SES	Doort	me into combonie		7		
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVII	NG	ure into esophagus	s with ten	nina.		***************************************
		THE ABOVE CAUSE (A YING CONDITION L		he Koroko Mass	ive hemorrhage				
RTIFICATION			7	(C)		••••••			······································
TIF		II BIGNIFICANT CONE							
lul	TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT N CAUSING	ED IT.					
0	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION			20. / YES	X NO
EDICAL	21A. EXTER	NAL CAUSE WAS	21B. PL	ACE OF INJURY (e.g.,		f in Baltimore Ci	ty, give	-	
ğ	UNDERLYIN UTING []	NAL CAUSE WAS IG [] OR CONTRIB CAUSE OF DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
III	21p. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		OCCUR?			
			mı.	WHILE AT NOT WHILE WORK					
	22. I certi	fy that I took eha	rge of the	remains described	above, held an Autors	Sy Inspection or Inqu	t	hereo	n and from
	the ev	idence obtained by	said Aut	opsy, Inspection or	Inquiry, find that said de	ecased died on	the c	lay st	ated above
	23A. SIGNA		resulted ;	from: natural cause	8 X, accident □, suicide 238. CHIEF MEDICAL B				SIGNED
	We	elian Visi	outh	M	ASSISTANT MEDICAL I	EXAMINER	Marc		
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		4c. NAME OF CEMETE	ERY OR CREMATORY 240. LC	OCATION (City, to	wn, or	county)	(State)
1_	Buria	1 3/29/	52	Druid Ridge	Cempikes	ville, Md.	0.5	DO FE	5
	ATE RECEIVE		SSIGNATI	13/2 O/	67 13m C/3	intrace	, Q	20	V
V	S 151	JUL Hunte	Vitable of \$	ZIO.	WINI. A.	13 A	24 4	-	MIA.
II v	0 1)1			7906	<u></u>	raca	1	/	ruca

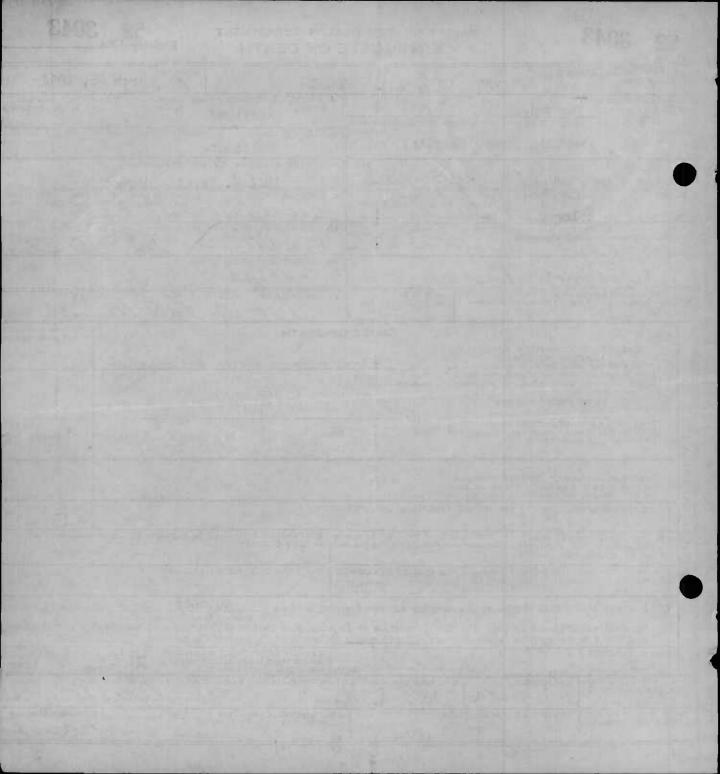
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

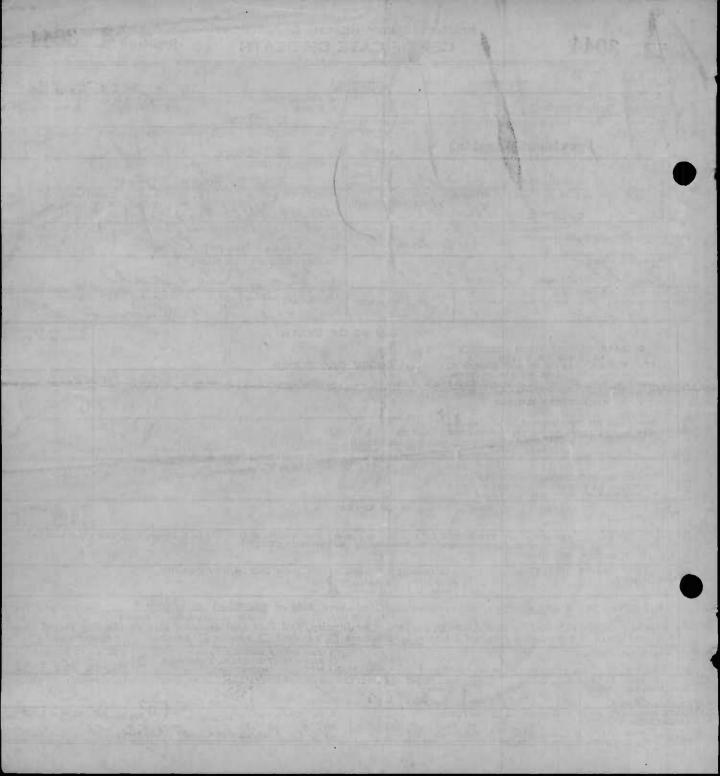
d'in de l'écleure 4 dans

3042 3042 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE OF DEATH Manch 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland , before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore) -Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours: Min. 108. KIND OF BUSINESS OR -20-26 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL -37-1213 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH w Azotemia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) Hypoplastic Left Kidney 25 yrs ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (c) Conq. Stricture Left Uneter 25 yrs RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Vascular Nephritis, Right TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 2-29 19.52 to 3-26 . 1932, that I last saw the 22. I hereby certify that I attended the deceased from_ 3-24, 1952, and that death occurred at 4.45Rm., from the causes and on the date stated above, deceased alive on_ 234 DATE SIGNED 23B. ADDRESS JOHNS HOPKINS HOSPITA 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY March 34-52 arkwood DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



-	13	10	49	RA	TIMORE CITY	HE	ALTH DEPARTA	/ENT	50	2	043
	11	712	43	<i>D</i> A			OF DEATH		Register	~ ~	0-10
		NAME OF DE	CEASED					1.	DATE		
		ype or Print)	CEASED	HENRY	Thomas	PU	RVEY		OF MAT DEATH	ch 26	, 1952
		Baltimore C	ity, Maryland				4. USUAL RESIDE	NCE (Whe	re deceased lived B. COUNTY		ution : residence before admission
Jun	H	FULL NAME (DSPITAL OR ISTITUTION				ess or tion)	c. CITY OR TOWN		tside corporate I	imits, wri	te RURAL and giv
	114	13111011014	Franklin	Square H	*			timore	2	0-0	township
legibly		Length of st	ay in Baltimore		+3 years	Yrs. Mos.	D. STREET ADDRES		al, give location		
and leg		SEX	6. COLOR OR RAC		E. MARKIED.		8. DATE OF BIRTH		. AGE (In years	I Under	Year II Under 24 Hours Days Hours Min.
	10	A. USUAL OCC	COLORED CUPATION (Give kind	lof 10B. KINI	O OF BUSINESS O	R A	M. BIRTHPLACE (SA	ate or forei	gn country)		CITIZEN OF
clearly	U	ellna	And are if retire	Bou	rling al	ley	Salti	mind	-, Ind	?	COUNTRY
death c	13	FATHER'S N	ener	Pur	ven		14. MOTHER'S MAI	DEN NAM	E ?		
of de		s. ho or puknown)	D EVER IN . S. ARM (If yes, give war or d	MED FORCES? ates of service)	SOCIAL SECURITY N	10.	17. INFO	Mu	the for	ADDRE	SS /
		no.					868	07. E	Fayer	te	dr.V
write the causes		(This does heart failu injury or	E OR CONDITION LEADING TO DE not mean the mod re, asthenia, etc. It n complication which ANTECEDENT CA	EATH e of dying, e. neans the disean caused death	g., (A)Cen		l nervous sy is	stem.a	nd vascul	0	ONSET AND DEATI
please	NO O	DISEASES	OR CONDITIONS	, IF ANY, GIVE	(B) NG HE DUE TO	••••••			***************************************		***************************************
	ATI	UNDERLY	ING CONDITION	LAST.	(C)		***************************************		***************************************		************************
Physicians:	RTIFIC	TRIBUTING	GNIFICANT CON TO THE DEATH, BU	IT NOT RELAT	ED						
Ph	CE	7	SEASE OR CONDITION		FINDINGS OF	PERA	TION				20. AUTOPSY?
nt.	AL	214 EYTERN	AL CAUSE WAS	218. PL	ACE OF INJURY (e. g., in	or 21¢, WHERE DI	D (If i	Baltimore Cit	v. give e	YES A NO L
important.	EDIC	UNDERLYING	OR CONTRI	B - about home,	farm, factory, street, office	bldg.,etc	D.) INJURY OCCUR				
	M	21D. TIME () OF INJURY	Month) (Day) (Yes		21E. INJURY OCC	HILE	21F. HOW DID	INJURY O	CCUR?		
eially		22. I certif	y that I took ch	arge of the	remains describ	cd ab		auto			creon and fron
espec		the evid	dence obtained buth in my opinio	y said Auton resulted	opsy, Inspection from: natural ca	or In	quiry, find that s A, accident [], s	said dece	pection or Inquiased died on homicide \Box	the da	y stated above ermined [].
age is		23A. SIGNAT	ure.	1 De	relache	~M. [238. CHIEF MED ASSISTANT MED MEDICAL INVEST	DICAL EXA	MINER	23c. DA	TE SIGNED h 26, 1952
		A. BURIAL. C	ecisy) V	-1053	24C. NAME OF CEM	ETER	Y OR CREMATORY		ATION (City, to		
correct	DA	TE RECEIVED	BY REGISTRA	R'S SIGNATU	JRE	1:	25. EUNERAL DIKE	CTOR	Fun	· ACC	BEST Hing
		CAL REGISTS	95/11-1	# 5	Hin BA: AD	RI	16631	Dru	il st	ill	aves /
	V	S 151		0	6901	01	9 4 4 1				V



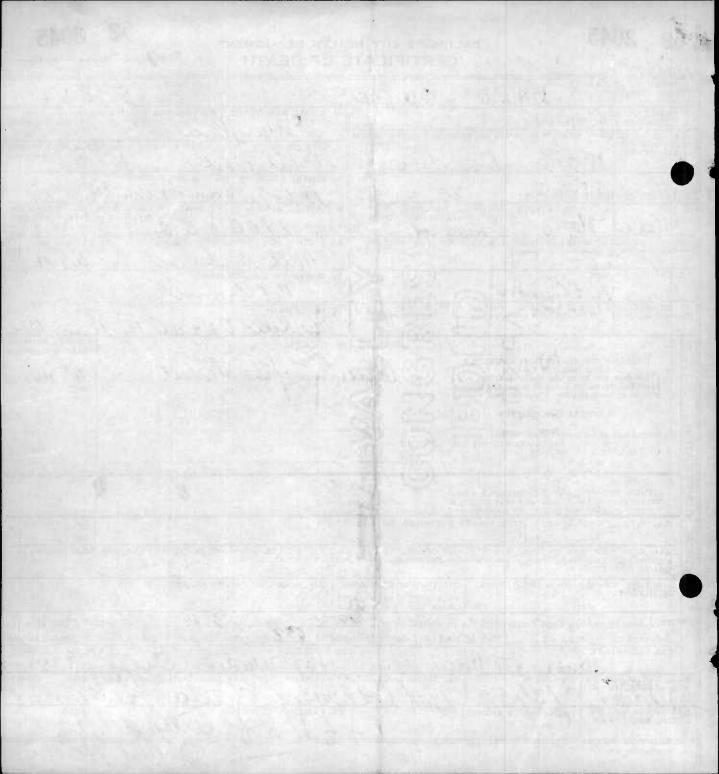


correct age is especially important. Physicians: please write the causes of death clearly and legaline.

BALTIMORE CITY HEALTH DEPARTMENT

52 3045

BIRTH NO. CERTIFICAT	E OF DEATH Registered No
1. NAME OF DECEASED BYRD OWEN	5 2. DATE OF DEATH 3.36.52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1813 Temmhamia Green	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
Male Wind Specify	8. DATE OF BIRTH 9. AGE (In years li Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, givo war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 151 V CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	moma of the stomach 6ths
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A DIVERTING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION () 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
U 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (o. g., LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., U CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 3-18, 1952, and that death occu	19. 19., to 3 36: , 19.7, that I last saw the rred at 6.76 m., from the causes and on the date stated above.
TOMBLAD, COLLY, M.D.	1427 Mayling Ove 3 555
24a BURIAL GRENA 24B. DATE 24C. NAME OF CEMETE	Evory Cedas/fell mid
TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERIC DIRECTOR STRAND ADDRESS ADDRESS
VS 150 780 99	Dund Hellare



causes

Physicians: please

52 3047

52 3047	CERTIFICATE	E OF DEATH	Registered	No
1. NAME OF DECEASED (Type or Print)	P 0 -	(Prion	2. DATE OF M	2.28-1252
3. PLACE OF DEATH: A. Baltimore City, Maryland	eta Cita	4. USUAL RESIDENCE	DEATH	
	institution, give statet address or location)	c. CITY OR TOWN	d.	its, write RURAL and give
1158.Wa	shington	Balt D. STREET ADDRESS	(If rural, give location)	2-0 township)
c. Length of stay in Baltimore	Mos. Days	1158. W	ashingt	ton St
	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	MA. 22-181	last birthday) M	If Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BYTTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	0-0	14. MOTHER'S MAIDEN	NAME	0
John Bear 15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL	UMMA J	tenerals	ROC.
(16 % or unknown) (16 % give war or dates of se	SECURITY NO.	FrancesLui	traukows	Bi2412E.Chas
DISEASE OR CONDITION DIRL LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANT RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. U	ing, e.g., (A) Le disease, d death.) DUE TO			um 6 days,
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE OISEASE OR CONDITION CAL	RELATED			
	MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 2	1B. PLACE OF INJURY (e. g., ir ut home, farm, factory, street, office bldg., e		(If in Baltimore City,	
21D. TIME (Month) (Day) (Year) (Horos INJURY	ur) 21E. INJURY OCCURRE	ED 21F. HOW DID INJU	JRY OCCUR?	
22. I hereby certify that I aftend deceased alive on 3/28/5,2	and that death occur	13/48, 19_, to	/ /	, that I last saw the the date stated above.
23 GNATURE L, So	lomare M.D.	3B. ADDRESS ASIA	way	3/28/52
24A. BURIAL, CREMA- TION REMOVAL (Specify)	32 St. Stame	slaus B	alto,	mol,
DATE RECEIVED BY REGISTRAR SI LOCAL REGISTRAR MAR 281957	GNATURE OVE Webliarus: 1820	Mm & Fix A	Koruski 200	7Eastern
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3048

ВІ	RTH NO.	
	NAME OF DECEASED ype or Print) Wiss. Yeary Clinalett	Volle 2. DATE March 27/5~
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address o	
IN	STITUTION 1127 fb. Paul flreet	(Jellin us - 2 - May sould hip)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give ocation
	Length of stay in Baltimore Days	8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours
	female White T. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	2/19/19/3 last birthday) Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR'S dogs during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	Secretary Nog Cabin Carry	14. MOTHER'S MAIDEN NAME
	anton File	man Ibaca :-
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS COLUMN
(Yes	s, no or unknown) (If yes, give war or dates of service) 2/3-10-89/6	Rose Veckor, 224 Cambordans, Panna
	18. 592 X CAUSE	OF DEATH THE CANALLY - 4 WINTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2000 A 3/14/5).
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ocacuta jutua - ////s =
	injury or complication which caused death.) DUE TO	1 (lasha lousing
7	ANTECEDENT CAUSES	en at Ay sucuran
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	lens - selevina
CA	UNDERLYING CONDITION LAST,	home repliels.
IFI.	11 // /	-14 -1 -1
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	with wich peralin 1945
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO P
IEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, etreet, office hidged cause of Death	in or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.	
	m. WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from	and (1948, to Wall), 192, that I last saw the
	deceased alive on leach 16 1957, and that death, occur	urred at 1 A.m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
	Laur J. Trumen	722 No. Konvordan 3/27/52
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OF CREMAN (City, town, or county) (State)
_	Burial 3/29/5 2 New Call	
D	ATE RECEIVED BY ALGISTRAR'S BIGNATURE	25. FUNERAL DIRECTOR ADDRESS

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correct ago is especially important. Physicians: please write the causes of death clearly and legimy.

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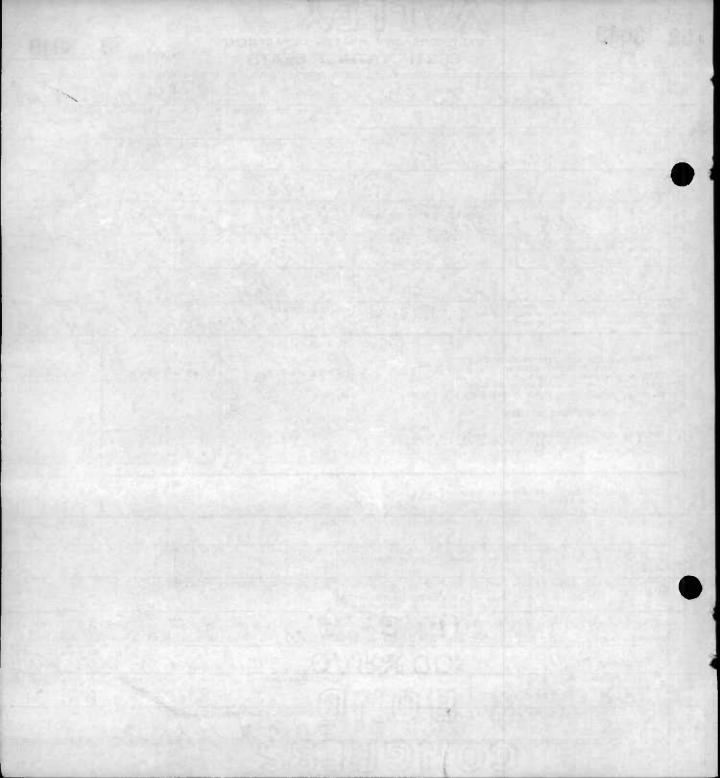
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BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 3049

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) anne D. Brya	2. DATE OF 3/27/52 & a. W.				
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1726 9. Calvert S. Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Mos.	1726 M. Calvert J.				
Fenale Whose Widowell of Color of RACE 7. STNOLE, MARRIED, WIDOWED, DIVORCED (Species)	8. DATE OF BIRTH 9. AGE (In years ff Under 1 Year ff Under 24 Hours Months: Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired) Our Worker	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
has. W. Dowling	annie Hayes				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	annie Hout 5305 Kenilworth Coc				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OF DEATH Cormany Manhons Gilden				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK					
the design of the transfer of the deceded from	2/18, 1911, to 3/27, 191, that I last saw the				
deceased alive on 3/12, 1952, and that death occur 23A. SIGNATURE 2	Tet at Am., from the bauses and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED				
24A. BURIAL GRENA 24B DATE 24C. NAME OF CEMETER BURIAL BROOKS 3/29/52 MH Z	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAD 20102	25. FUNERAL DIRECTOR ADDRESS				
VC 150	The state of the s				



BALTIMORE CITY HEALTH DEPARTMENT Registered No.2 CERTIFICATE OF DEATH BIRTH NO. 10 1. NAME OF DECEASED 2. DATE. (Type or Print) OF DEATH/Mar 28, 3. PLACE OF DEATH: 4. USOAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE. MARRIED. (In years) Il Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify Let birthday) Months! Days Hours! Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES Yes. no or nnknown) (If yes, give war or dates of services 16. SOCIAL (Yes, no or nnknown) SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Trienspil atressa
(B) Congenital Cyanetic Heart Disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 3 - 20 -3 - 28. 19 Sthat I last saw the - 25 - 195 2 and that death occurred at 10: 15 m. from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIENATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL TIO REMOVAL (S DATE RECEIVED B REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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death

Physicians:

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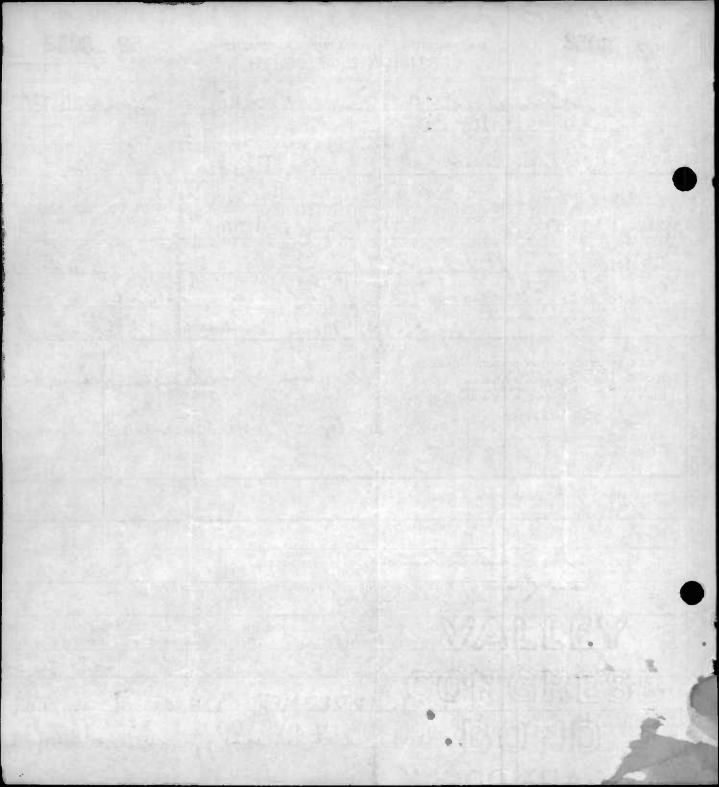
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52 3052

BALTIMORE CITY HEALTH DEPARTMENT

52 3052 Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Suerismo - A. Co	moonlock! 2. DATE OF DEATH March 16.1952
A. Baltimore City, Maryland Balto City.	A. USUAL RESIDENCE (Where deceased lived If institution; residence A. STATE B COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION 531. J. Cerrly St.	Baltimore 1-02 township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AC (In years 1 Under I Year 11 Under 24 Hours 14 Under 24 Hours 14 Under 24 Hours 14 Under 24 Hours 15 Under 24 Hours 16 Under 24 H
Mace. While.	May 13.1890 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INQUISTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Histolas. Camponeschi	Philonnie Falise
15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of sensice) SECURITY NO.	17. INFORMANT ADDRESS
213-076-296	Mary Campoulsoll 35. Curlou st
DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND GEATH
(This does not mean the mode of dving, e.g.,	cronery Thrombisis perus hie.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	ites + Nous to
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	The state of the s
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7
21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (o. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., a	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	3/24, 1952 to 3/26, 1952 that I last saw the
deceased alive on 3/24, 1952, and that death occur	
23A. SIGNATURE Sattules M.D.	38. ADDRESS Selair Rd 3/28/52
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	DEFMEL Sillan Road No. 25. FUNERAL DIRECTOR ADDRESS
DOCAL REGISTRAR Hantington Wetights Mrs.	Mandala 190, and & Walland CH
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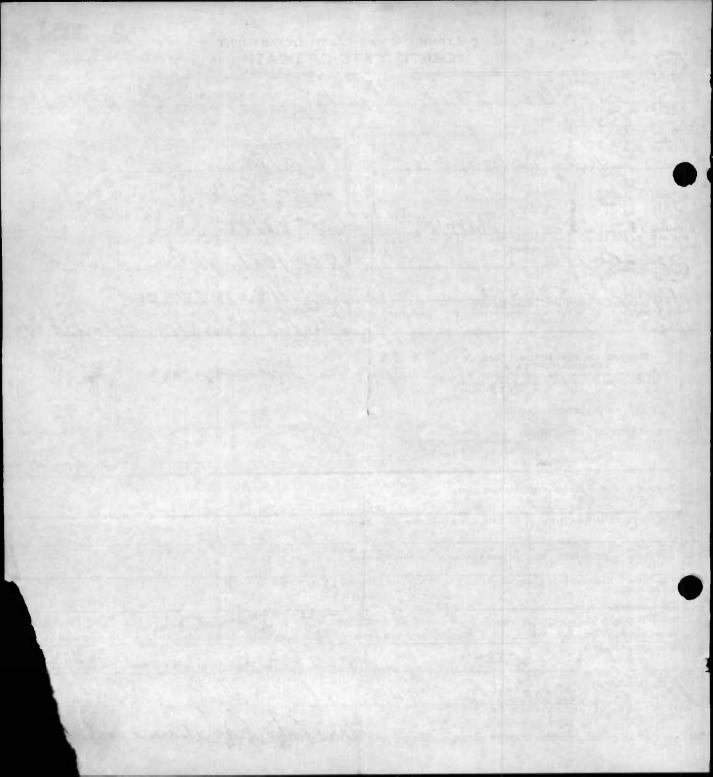


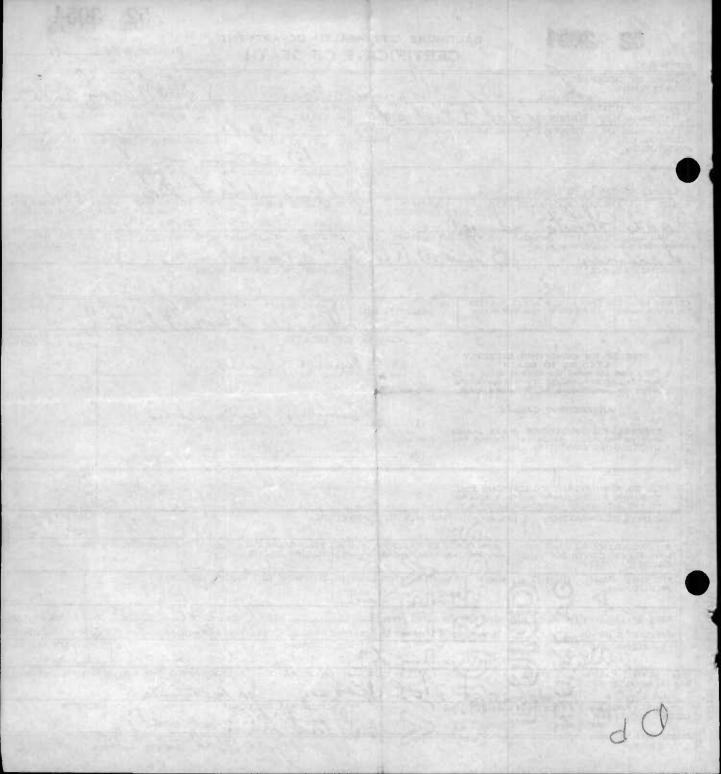
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BALTIMORE CITY HEALTH DEPARTMENT

52 3053 Registered No.

BIRTH NO.	L OF BEATH
1. NAME OF DECEASED Eliza both C/	CZHK 2. DATE OF DEATH MARCH 26, 1962
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN/ (If outside corporate limits, write HUBAL and give
1625 Milaski St	Ba/16. 15-00 township)
Yrs. C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 1 If Under 24 Hours
78M2/8 COL Married (Specify	Sept. 8,1888 (3 hours Min.
10A. USUAL OCCUPATION (Give kind of rob, KIND OF BUSINESS OR Work done during agent of working life, even if retired) INDUSTR'	11 BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOWSOWIFE 13. FATHER'S NAME	HOW OTT 1/10 X.S.Q.
TONEY POSTICON	AUROLINA MAILEN RAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, go or nakuyya) (If yes, give war ar dates of service) SECURITY NO	17. INFORMANT ADDRESS // DA
(Yes, no or nakunwan) (If yes, give war or dates of service) SECURITY NO.	Emolia Bunch Pelartie So
18. 334X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	1
Z ANTECEDENT CAUSES	- Martin
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	()0
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	WYDD CHEROLOGICAL STREET
OTHER SIGNIFICANT CONDITIONS CON-	
. 194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
4	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY	
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	, 19 , that I last sar
deceased ulive on 19 and that death occu	arred fin., from the causes and on the date stated of 23B. ADDRESS
WIN at M.D.	5154. Dane to m 3/28
24A BURIAL, CREMA 24B, DATE 24C, NAME OF CEMET	ERY OF CREMATORY 245. AOCAM ON (City, town or comby)
DATE/RICEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	M. Nate Rial III.
2000 20 1057 I luca lacrolona VIII mo il tomo	WILLIAM INVESTIGATION SELVING INTERMED I DELL'AND



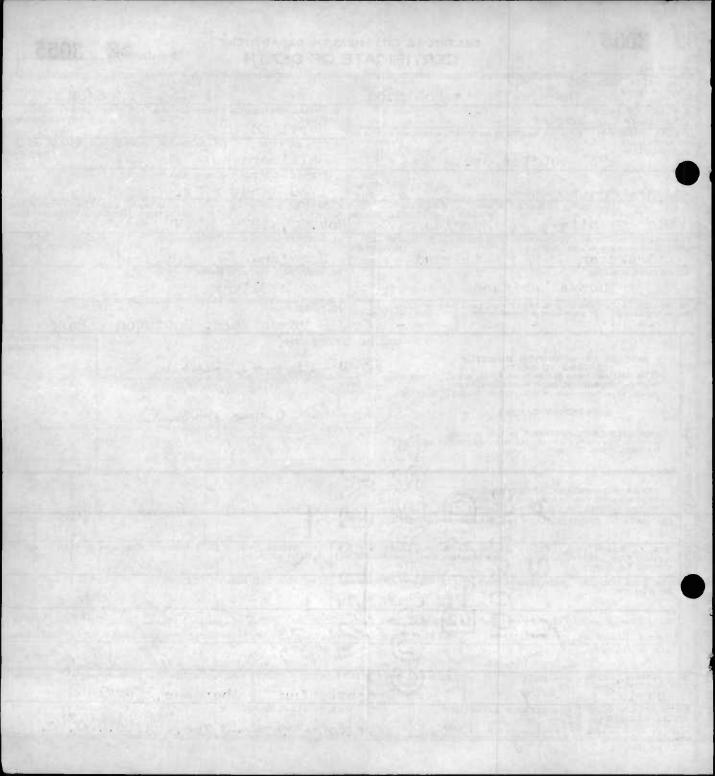


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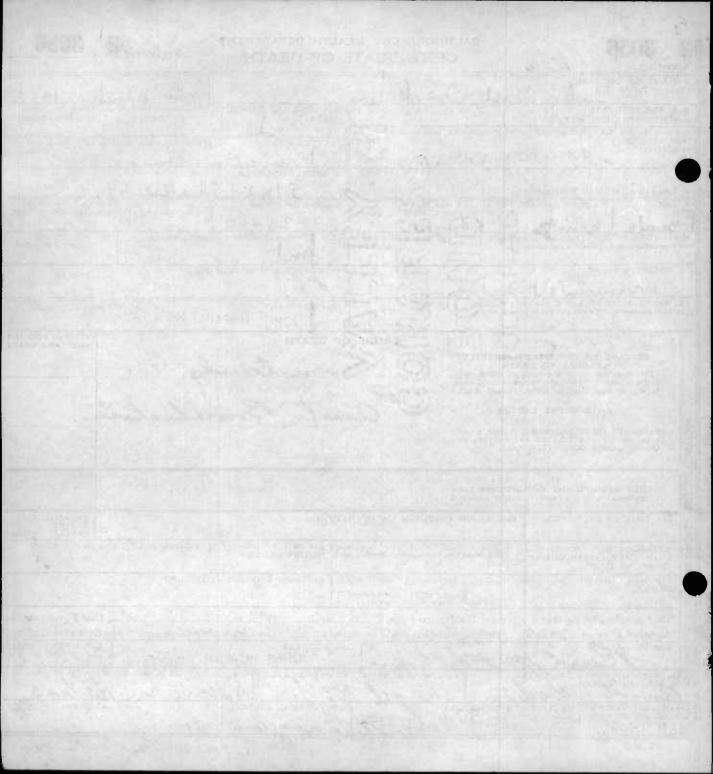
BALTIMORE CITY HEALTH DEPARTMENT

Registered 2. 3055

В	IRTH NO.			OLIVIII 10/VII	L O. DEATH		
	1. NAME OF DECEASED 2. DATE						
(1	(Type or Print) George Thomas Robinson					DEATH 3	/26/52
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE	B. COUNTY	f institution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			(/	(If outside cornorate lim	is, write RURAL and give	
	1730 Webster St.			Baltimore	9_1	township)	
		TIOO MEDSCO	T. Dr.	Yrs.		(If rural, give location)	V
	Township of a	ton in Daltimon		· Mos.	1730 Webs		
	SEX	tay in Baltimore	7. SINGLI	Days E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	Male	White	WIDOW	ED, DIVORCED (Specify)			Ionths Days Hours Min.
_		CUPATION (Give kind of		ried	11. BIRTHPLACE (Stat		12. CITIZEN OF
	k done during most	of working life, even if retired)		INDUSTRY		or reaction country,	WHAT COUNTRY?
12	Brake B. FATHER'S I		Kal.	lroad	Maryland 14. MOTHER'S MAIDE		
14		Thomas Robi	ngon				
					Sarah Oliv	A G T.	
(Ye	os, no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		-		-	Bernadette	e F. Robinson	n Same
	18. 162	2 × .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		R			STORY AND DEATH
	(This does	LEADING TO DEAT s not mean the mode o	f dying, e. s	g., (A)	menoge	me.	
	heart failu	ire, asthenia, etc. It mea	ns the discas aused death	se, a.) DUE TO			
		ANTEGEDENIT CALL			(0		
7		ANTECEDENT CAUS	ES	(B)	ance.	nona	
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AL	19A. DATE C	OF OPERATION O 1	9B, MAJOR	FINDINGS OF OPER	RATION		YES NO
C	21A ACCIE	DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	in or 21c, WHERE DID	(If in Baltimore City	
IEDI		R CONTRIBUTING	about home,	farm, factory, street, office bldg.,			
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF MASOR!		m.	WHILE AT WORK AT WORK		, ,-	
	22 I hamal	has annetifus that I att		0.		3/26/5V19	, that I last saw the
deceased alive on 3 19 and that death occurred at 9 m., from the causes and on the date stated							
	23A, SAGNA		10		23B. ADDRESS	C 10	23C, DATE SIGNED
		mis to	wex	frolling.	15/200	Lall 11	3/28/52
2	4A. BURIAL.	CREMA: 248. DATE		24C. NAME OF CEMETE	ERY OR CREMATORY 2	4D. LOCATION (City, tow	n, or county) (State)
TI	on Removal (Specify)	52	Grove Prest	ovterian	Aberdeen, Ma	ryland
0	ATE RECEIVE				25. FUNERAL DIREC		ADDRESS
1	AGAD PEGIS	1952 Hunting	ton 1	14.	John Fo Dan	Inc. Balt	ightoStma.
=	11711 201	1. January	1000	evens it	POLITY FOR DEN	TITO DOLLO	33,00,340
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-	NAME OF DECEA	VEED.						
	ype or Print)		ml (Dah			OF O	100 1000
- 9	PLACE OF DEATH		MU C	Jeckmen	M HEHAL BEST		deceased lived If	institution residence
	Baltimore City,				A. STATE	ENCE (Where	B. COUNTY	before admission)
	FULL NAME OF	(If not in hospite	l or instituti	on, give street address o		V.1	Harl	nol
	OSPITAL OR	101010		location	c. CITY OR TOWN	N (If outsi	de corporate limit	s, write RURAL and give
	3	JOHNS HOP	KINS HO	SPITAL	Hans	e 19e -	some.	township)
				Yrs.	D. STREET ADDR	ESS (If rural	give location)	1.0.2.5
C.	Length of stay i	n Baltimore		Mos. Davs	510	1 5+	Abon 5	1
		OLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRT		AGE (In years)	Under 1 Year If Under 24 Hours
IF	44 1. 1	4	WIDOW	ED, DIVORCED (Specify		-52	ast birthday) Mo	nths Days Houra Min.
10	A. USUAL OCCUP	TION (Give kind of	10a KIND	OF BUSINESS OR	11. BIRTHPLACE		country)	12. CITIZEN OF
	k done during most of work		TOB. KIND	INDUSTR		(Daske of Toleigi	country	WHAT COUNTRY
-				CHENT TO A	ma.			
13	FATHER'S NAME		1		14. MOTHER'S M.	AIDEN NAME		
	many	in 19-	ckn		A CONTRACTOR			
15	. WAS DECEASED EV	ER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		Al	DDRESS
(ze	a, no or unknown) (11	yes, give war or dates	or service)	SECURITY NO.	TOHNS	HOPKINS	HOSPITAL	
-	18. 77/		1	CALICE				INTERVAL BETWEEN
	//67	1		CAUSE	OF DEATH			ONSET AND DEATH
		R CONDITION I		1	7 6	1	-	
	(This does not	mean the mode of thenia, etc. It mean	f dying, e.g.				<u> </u>	********
	injury or comp	lication which co	aused death.	DUE TO				
	ANT	ECEDENT CAUS	ES	0		?	1 1-	
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HOL		CONDITIONS, IF		G				
		CONDITION LA						
FIC				(C)			****************************	******
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2		FICANT CONDITHE DEATH, BUT I						
CE		E OR CONDITION						
	19A. DATE OF OF	PERATION 1	B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
M		1						YES NO L
EDICA	21A. ACCIDENT		218. PLA	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE		Baltimore City, g	give exact location)
E	LYING OR CO	NIRIBUTING[]	about nome, 18	and the state of t	INDORT OCC			
	21D. TIME (Mont	h) (Day) (Year)	(Hour) 2	TE. INJURY OCCUR	RED 21F. HOW DI	D INJURY OC	CUR1	
	OF INJURY		W	HILE AT NOT WHILE				
			m.	WORK AT WORK				
1	22. I hereby cer	tify that I att		deceased from	-25 , 195	3 to 3 -	27 , 1953	that I last saw the
	deceased alive	on 3-27	, 19 52 , a	and that death occu	rred at 4-30 f,m	., from the co	uses and on th	he date stated above
	23A. SIGNATURE	-1 2-		100	23B. ADDRESS			23c. DATE SIGNED
	7/4	up m	. 7 3 1	eller M. D.		HOPKINS I		3.46.52
2. TI	4A. BURIAL, CREM ON REMOVAL (Specif	A- 248. DATE	2	4c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCAT	TON (City, town,	or county) (State)
	Gurel	March	19	augel.	NU	Nance	De Frace	Nayad6
D	ATE RECEIVED BY	REGISTRAR'S	SIGNATU	RE	25. FUNERAL DI	RECTOR		ADDRESS A
R/	DCAL REGISTRAR	Hunting	ton W	Minus MIZ	Pagenti	- A Kel	m.	17
1	AK ZJ IJJZ	- January	7 (0	war , my	18 Miles	2		10
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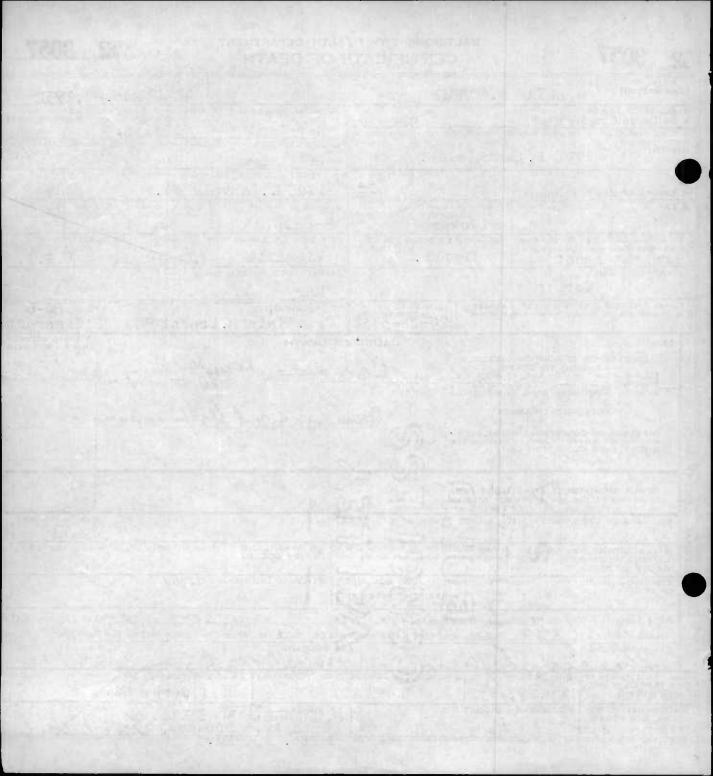


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

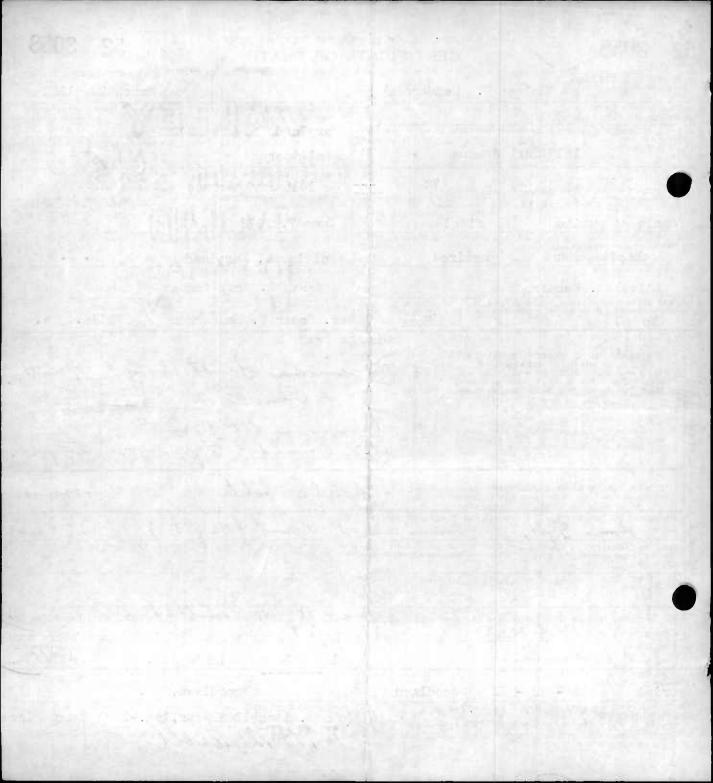
Registered \$2 3057

181	TH NO.							
1. NAME OF DECEASED (Type or Print) WILLIAM H. CORBIN						2. DATE OF DEATH MAJ	r.27,1952	
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased lived, I B. COUNTY	f institution: residence before admission)	
HOSPITAL OR location) 1708 E. Lanvale St.				location)	c. CITY OR TOWN Baltimor	(If outside corporate limit	its, write NURAL and give township)	
c.	Length of s	tay in Baltimore	35	Yrs.		ss (If rural, give location)		
5.	M M	6. COLOR OR RACE	7. SINGLE WIDOW WIDOW	E. MARRIED. VED, DIVORCED (Specify) WET	9-8-1870		Il Under 1 Year if Under 24 Hours Onths Days Hours Min.	
work	on USUAL OC done during most reight	CUPATION (Give kind of of working life, even If retired) Agen t	-	of Business or INDUSTRY	Virginia	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S	NAME			14. MOTHER'S MA			
		Corbin			Mary			
Yes (Yes	no or unknown)	(If yes, give war or date	FORCES?	16. SOCIAL 220-22-5458	17. INFORMANT		ADDRESS Rd-6	
	18. 42		6			M. Ernest-371	7 Ridgecroft	
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode of complication which of ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA II GIGNIFICANT CONDITION TO THE DEATH, BUT SEGASE OR CONDITION	I'H f dying, e. 1 f ANY, GIVIN STATING TI ST. TIONS CON NOT RELATI	(B)	uevalye	neuffreury L'Ortensoles	ONSET AND DEATH	
				FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		ID (If in Baltimore City,	give exact location)	
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 3/26, 192, to 2/27, 195; that I last saw deceased alive on 3/26, 192, and that death occurred at 64 m., from the causes and on the date stated about						the date stated above.	
	23A. SIGNA	escul.	Za	en M.D.	138. ADDRESS	24D. LOCATION (City, town	3.27.52 n. or county) (State)	
TIC	N. REMOVAL (S Burial	Specify) Mar. 29	(.1.	24c. NAME OF CEMETE MORELAI	ND MEM.	Baltimore, M	d.	
	TE RECEIVE CAL REGIST		ton W	Warra Sur	North Av.	ETSONS, INC.	ADDRESS Sand	
I was a	Balto. 13, Md.							



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 52 3058

BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED (Type or Print) Helen E. Henderson	2. DATE OF March 26, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address located locate	ss or Maryland none
72 N	rs. D. STREET ADDRESS (If rural, give location) 1615 Park Avenue
female white 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Spe	June 7, 1878 72
10A. USUAL OCCUPATION (Give kind of or ork dooed during most of working life, even if retired) School teacher Retired	Baltimore, Maryland U. S.
13. FATHER'S NAME Oliver W. Henderson	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Sarah F. Brittingham
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY No None	o. Rev. Oscar W. Henderson Phila., Pa.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	farcinoma of at lung 9 months 4 Plenna . Parcinoma At Breat Lif Armand - 5 yrs. ayr - 5 yrs.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Spestic bolitis. 10 years.
194. DATE OF OPERATION 198. MAJOR FINDINGS OF O	PERATION Breat (Rught) 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office by CAUSE OF DEATH	e.g., for 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCU	HILE
deceased alive on June 1. 20, 19 2 and that death of	coursed at 6 p. m., from the causes and on the date stated above.
23A. SIGNATURE Chamber M.D.	238. ADDRESS 23C. DATE SIGNED
	Woodlawn, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL PE 2991952 Huntington White HAR.	John O. Mitchell & Sons, Inc 1900 Eutaw Place
VS 150	V 115-11queuel



Registered No. 3059 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Manigault-stelle DEATarch 20, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 1305 N. Washington St. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DEVORCED (Specify) 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years Months Days Hours Min. If Under 24 Hours Female March 19, 1952 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Manigault Estelle Glover 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carebral Anoxia 1 day (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED Prematurity TO THE DISEASE OR CONDITION CAUSING IT. U 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED DF INJURY NOT WHILE AT WORK 19 52 to . 19 52 that I last saw the 22. I hereby certify that I attended the deceased from. 19.5.2 and that death occurred at 12Noom., from the causes and on the date stated above. 3-20 deccased alive on_ 3-24-52 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Avenue 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore. Cremation 3-24-52 C. H. Cr ematory DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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	52 3060 BALTIMORE CITY HE CERTIFICATI	
	1. NAME OF DECEASED Dale . Sa	yers 2. DATE DEATH
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution! residence B. COUNTY before admission)
2	B. FULL NAME OF (If not in hospital or institution, give street address on location) INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITYOR TOWN (If outside corporate limits, write RURAL and give township)
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)
Dur	S. SEX 6. COLOR OR, RACE 7. SUNGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2 - /)- 52 9. AGE (In years If Under I Year last birthday) Months Days Hours Min.
	10A, USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
leath	13. FATHER'S NAME	14. NOTHER'S MAIDEN NAME
10 8	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
nysicians. pr	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED	ite Bronelesleter
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDIN	RATION 20. AUTOPSY?
portar	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	
III y IIII	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
is sespecta	22. I hereby certify that I attended the deceased from 2 deceased alive on 3/2/, 1952, and that death occurs 23A. SIGNATE 24A. BURIAL. CREMA- 24B. DATE 124C. NAME OF CEMETE	7, to 2, to 3, 195, that I last saw the rred at 10 m., from the eauses and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED CHANGE HOPKINS HOSPITAL (State) RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
ser a	TION, REMOVAL (Specify)	Unforce
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 29 1952 Tunting for Walking Mr.	25. FUNERAL DIRECTOR ADDRESS
	VS 150 Compiler Prosposi	

1 /tospital	BALTIMOR		LTH DEPARTMENT	52	3061	
BIRTH NO. 52-06	347 CERT	TIFICATE	OF DEATH	Registered N	0	
1. NAME OF DECEASED (Type or Print)	bybox	Cepha	9		24 1952	
a. Baltimore City, Maryland B. FULL NAME OF (If not in ho	espital or institution, give s		4. USUAL RESIDENCE ()	Where deceased lived, If i	nstitution: residence before admission)	
HOSPITAL OR	HOPKINS HOSPITA	location)	DeNTON (I	f outside corporate limits	, write RURAL and give township)	
c. Length of stay in Baltimor	e	Yrs. Mos. Days	5 5	rural, give location)	a	
5. SEX 6. COLOR OR RA Male. Colorec		ED. 8	3-16-52		Under Year If Under 24 Hours this Days Hours Min.	
10a. USUAL OCCUPATION (Give ki work done during most of working life, even if ret	nd of 108. KIND OF BUS	INDUSTRY	1. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME			4. MOTHER'S MAIDEN N	Cepha		
15. WAS DECEASED EVER IN U. S. AF (Yes, no or unknown) (If yes, give war or		CIAL CURITY NO.	7. INFORMANT JOHNS HOL	PKINS HOSPITAL	DDRESS	
DISEASE OR CONDITION CThis does not mean the mother failure, asthenia, etc. It injury or complication which will be a second of the complex of the condition o	DEATH de of dying, e.g., means the disease, ch caused death.) AUSES S. IF ANY, GIVING (A) STATING THE LAST.	: TO 3)	nchiolitis		96h+=	
OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, E TO THE DISEASE OR CONDIT	BUT NOT RELATED	neo-1	natal per	riod		
19A. DATE OF OPERATION	198. MAJOR FINDIN	GS OF OPERA	FION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDELYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Y				If in Baltimore City, g	ive exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID 1NJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 3-16-, 1952 to 3-24-, 1952 that I last saw a deceased alive on 3-24-, 1952 and that death occurred at 1504 m., from the causes and on the date stated abo						
22. I hereby certify that I deceased alive on 3 24 23A. SIGNATURE 24A. BURIAL (Specific Line) 24B. DAT	. Hople	м. р.	JOHNS HOPKINS		3/25/57 or of unity) (State)	
	140	of the	Ers Com			
DATE RECEIVED BY REGISTRAN LOCAL REGISTRAN MAR 291952	AR'S SIGNATURE	is his?	5. FUNERAL DIRECTOR		ADDRESS	
VS 150						

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 06105 NAME OF DECEASED 2. DATE (Type or Print) Infant of Lorraine Fowlkes (146943) March 8, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RORAL and give INSTITUTION The Johns Hopkins Hospital Baltimore townshin Yrs. D. STREET ADDRESS (If rural, give location) 1 day Mos. 1505 Lamont Avenue - 13 ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If linder 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours : Min. Female March 6. 1952 Infant 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Fowlkes Lorraine Vaughn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Hospital Records 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from March 6, 1, 1952 to March 8, 1952 that I last saw the deceased alive on March 8, 13.952, and that death occurred at 10.30 m., from the causes and on the date stated above. 23A, SIGNATURI 23B. ADDRESS 23c. DATE SIGNED

The Johns Hopkins Hospital

ADDRESS

240 NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

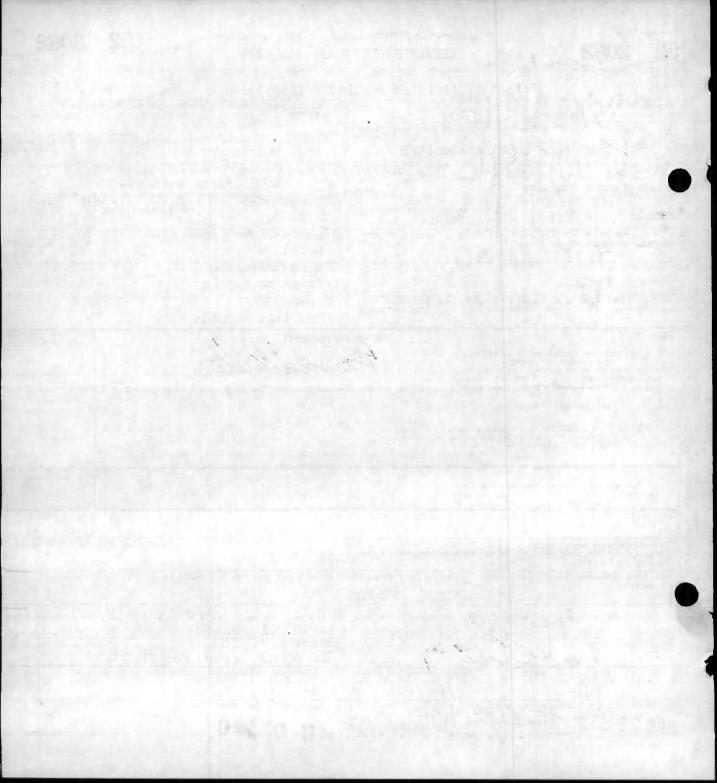
MAR 29 1952

TION, REMOVAL (Specify)

DATE RECEIVED BY

24A. BURIAL, CREMA- 24B. DATE

REGISTRAR'S SIGNATUR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Infant of Doris Honeycutt March 8, 1952 (599088) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or Baltimore B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION The Johns Hopkins Hospital Middle River D. STREET ADDRESS (If rural, give location) Yrs. Infant Mos. ength of stay in Baltimore 142 South Randolph Road Dave 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) last birthday) Male White March 7, 1952 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Hall Honevcutt Doris Elaine Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, np pr unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, nn nr unknnwn) SECURITY NO. Hospital Records INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY naturity LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from March 7. , 1952 to March 8. , 1952, that I last saw the deceased alive on March 8, 19 52, and that death occurred at 3.05 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED The Johns Hopkins Hospital 24A. BURIAL, CREMA-24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) 24B. DATE REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS MAR 29 1952 VS 150

Pilimono

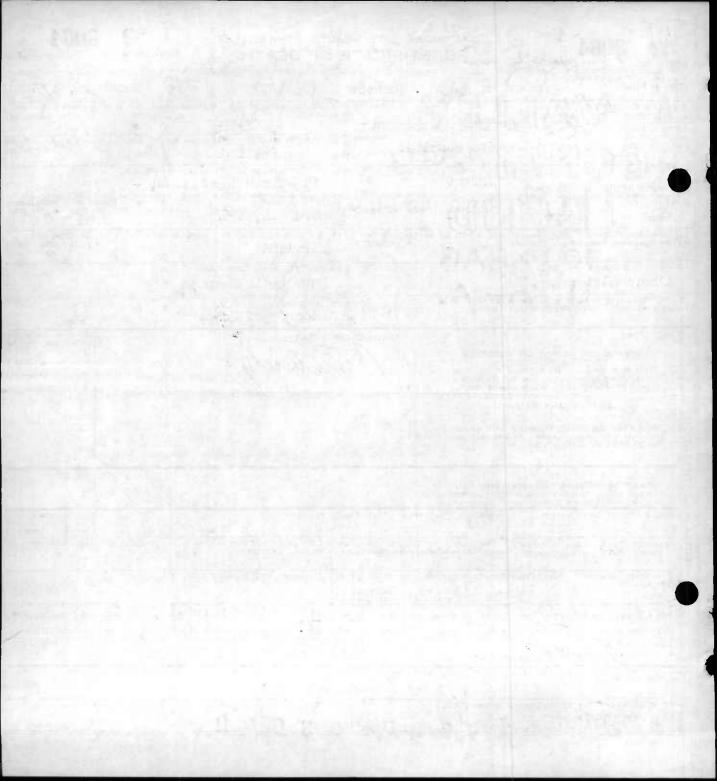
52	. 5	
52	3064	
BIRTH NO.	52-06334	

correct and is especially important. Physicians: please write the causes of death creatly and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3064 Registered No.

BIRTH NO. 52-06334 CERTIFICATI	E OF DEATH					
1. NAME OF DECEASED (Type or Print) Infant of Ruby L. Johnson	(138387) 2. DATE OF March 15, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY before admission)					
HOSPITAL OR INSTITUTION The Johns Hopkins Hospital	c. CITY OR TOWN (If outside corporate limits, write RVRAL and give Baltimore township)					
ength of stay in Baltimore Infant Mos. Days	D. STREET ADDRESS (If rural, give location) 815 North Eden Street - 5					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 14, 1952 9. AGE (In years of Under 1 Year Months: Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Albert Slater	Ruby Lydia Johnson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Records of Hospital					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ematurity onset and death					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO					
V U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., c	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from March 11, 1952, to March 15, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 6.05 Pm., from the causes and on the date stated above.						
M. D.	The Johns Hopkins Hospital RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 29 1952 Huntington Williams (1822)	25. FUNERAL DIRECTOR ADDRESS					
VS 150						



25. FUNERAL DIRECTOR

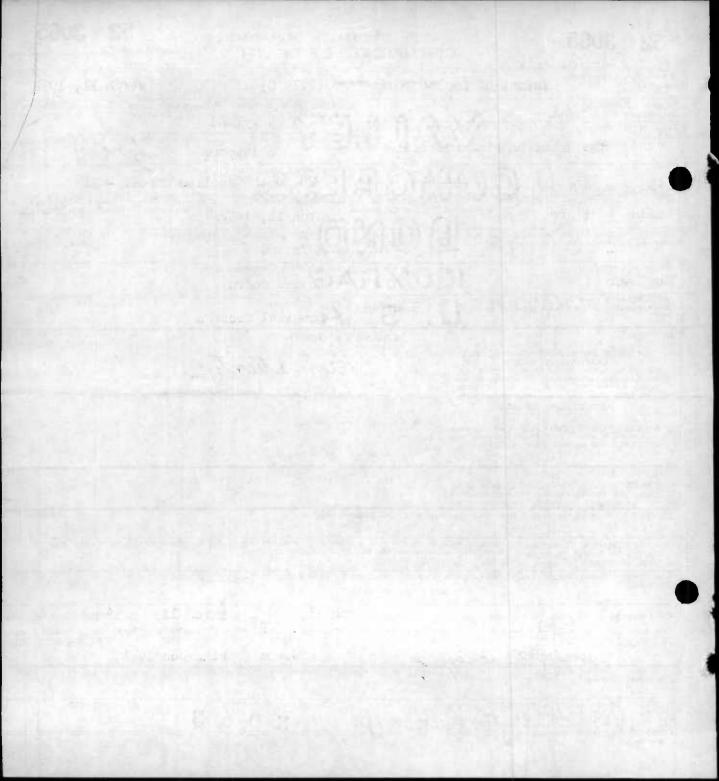
ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 5 (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE, (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not inhospital or institution, give street address or B FULL NAME OF / location) (If outside corporate limits, write AURAL and give HOSPITAL OR INSTITUTION ALTIMORU D. STREET ADDRESS (If rural, give location) Yrs. Mos. ONROE c. Length of stay in Baltimore 7. SINGLE, MARRIED. SUDOWED, DIVORCED (Specify) 6. COLOR OR/RACE 9. AGE (In years last brithday) Montha Daya Houra Min. 11. BIRTHELACE (State or foreign country) USUAL OCCUPATION (Givokindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF To USE While life, even if rotired) WHAT COUNTRY? INDUSTRY ATHER'S NAME AMUEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) ONE INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout homo, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from Och 19 12 that I last saw the deceased alive on March 26, 1952, and that death occurred at 8: m., from the causes and on the date stated above. 23c, DATE SIGNED 23A. SIGNATUR 23B. ADDRESS CEMETERY OR CREMATORY ON (City, town, or county) REMOVAL (Specify REGISTRAR'S SIGNATURE DATE RECEIVED BY VS 150

AB-157253 52TH N3067

Is especially important. Physicians: please write the causes of death creatry and the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3067
Registered No.

3	ETH NO UD	16		SERTIFICATI	E OF DEATH	Registereu	110.	
_	NAME OF DE	Troubles 9	FACILITY	Sparks		2. DATE OF DEATH	3-27-1952	
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (If institution: residence before admission)	
В.	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Baltimore City Hospitals location)				Maryland		I A I	
IN	ISTITUTION	4940 Easter		DIVELS	c. CITY OR TOWN (I	f outside corporate Im	its, write RURAL and give township)	
7				Yrs.	D. STREET ADDRESS (II			
C.		tay in Baltimore	Life	Mos. Days		ase St. zone	2	
	Male	6.COLOR OR RACE White	Spear	. MARRIED. ED. DIYORCED (Specify) ated -Married			Months Days Hours Min.	
WOLK	e Chri	CUPATION (Give kind of of working life, even if retired)	Jelf ,	OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S N	Josiah S		(D	14. MOTHER'S MAIDEN N		(D	
15 (Yes	. WAS DECEASE a, no or unknown)	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltin Records: 4940	more City Ho Eastern Ave	spotnes	
FICATION	(This does heart failur injury or DISEASES RISE TO THE	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which complication which complication which complication which complication with the complication of the comp	of dying, e.g. ans the disease caused death.) SES IF ANY, GIVING THE) DUE TO (B)	nt Brenchitis and	i Brenchenne	umonia lwk.	
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	p = 10rold =1	uberculesis		years	
J	19A. DATE OF	F OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?	
MEDICA	21A. ACCIDE LYING OR CAUSE OF E	ENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLAC about home, fa	CE OF INJURY (e. g., in arm,factory,atreet,office bldg.,e	n or 21c. WHERE DID (obc.) INJURY OCCUR?	(If in Baltimore City,	, give exact location)	
	OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from 3-7-, 19 52, to 3-27-, 19 52, that I last saw the							
	22. I hereby	certify that I att	tended the c	leceased from 3-1	7-, 19.52, to_3	3 -27 , 19_	52that I last saw the	
	deceased ali	ive on 3-27-	tended the c	and that death occur	rred at 11P m., from		the date stated above.	
	22. I hereby deceased ali 23A. SIGNAT	ive on 3-27-	tended the c , 19_52, a	and that death occur		the causes and on	the date stated above.	
TIC	deceased ali 23A. SIGNAT AA. BURIAL, C DN. ASMOVAL (SI	TURE 24B. DATE Decily) 3-31-	19_52. a	and that death occur	rred at 11P m., from 13B. ADDRESS 4940 Eastern Ave.	the causes and on	the date stated above. 23c. DATE SIGNED 3-29-52	
TIC	deceased ali 23A. SIGNAT AA. BURIAL, C DN. REMOVAL (SI	IVE 01 3-27. IVE 24B. DATE Decily) 3-31-	19_52. a	that death occur Ac. NAME OF CEMETER AC. NAME OF	rred at 11P m., from 13B. ADDRESS 4940 Eastern Ave.	the causes and on .Baltimore,	the date stated above. 23c. DATE SIGNED 3-29-52	

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14	LOO BALTIMORE CITY	HEALTH DEPARTMENT	59 2000
32 BIRT	7111-24	TE OF DEATH Regist	ered No
	AME OF DECEASED Print) Donanda Ball.	2. DATE OF DEATH	na_1 27.1952
	ACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (Where deceased a. STATE B, COUN	
HOS	JLL NAME OF (If not in hospital or institution, give street address location) TOUNG HOSPITAL OR INC. INC. INC. INC. INC. INC. INC. INC.	\	te limits, write RURAL and give
	JOHNS HOPKINS HOSPITAT	s. D. STREET ADDRESS (If rural, give locat	township)
-	ength of stay in Baltimore Mo	ys Whitting apts. 7	main St.
Fe Fe	male White Single	JAN. 4, 1949 3 yes	ay) Months Days Hours Min.
	USUAL OCCUPATION (Give kind of ne during most of working life, even if retired) INDUST	RY Creshild, Red.	12. CITIZEN OF WHAT COUNTRY
	& John Richard Bell	Hinnie Fay Lwix	et
15. V (Yes, n	WAS DECEASED EVER IN U, S. ARMED FORCES? O or unknown) (If yes, give war or dates of service) SECURITY NO	JOHNS HODIS	ADDRESS
11		E OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Cute LYMPHOMA	7
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
z	ANTECEDENT CAUSES		
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC/	(C)		
Ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF		20. AUTOBOY?
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. about home, farm, factory, street, office ble	g., in or 21C. WHERE DID (If in Baltimore dg., etc.) INJURY OCCUR?	City, give exact location)
2	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU.		
	m. WHILE AT NOT WH	RK L	
	^{12.} I hereby certify that I attended the deceased from leceased alive on $3 + 27$, 19.52, and that death oc	3-27, to 3-27 curred at 630 fm., from the causes and	, 1925, that I last saw the d on the date stated above
2	3A. SIGNATURE OFFE, M. D.	JOHNS HOPKINS HOSPITAL	23C, DATE SIGNED
		emetery Crematory 240. LOCATION (City	y town, or county) (State)
DAT	RECEIVED BY REGISTRAR'S SIGNATURE AL REGISTRAR R 29 1952 Huntington to discuss, his	25. FUNERAL DIRECTOR Ouravard & Cornita	ADDRESS Cuplill Pul
	VS 150	J. W. C. W. Salange	a, majura, maj

s especially important. Physicians: please

correct ag

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH MAR 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write LURAL and rive JOHNS HOPKINS HOSPITAL Altimore Yrs. D. STREET ADDRESS (If rural, give location Mos. 30yrs c. Length of stay in Baltimore MAGISON 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Last birthday) | Months | Days | Hours | Min. Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 11. BIRTAPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Torsolist arsaw. Va 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Barber Winn ie 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (B) Stheroschrosin LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOBSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 3-22-1952 to 3 - 25 - , 1952 that I last saw the

s especially

23A. SIGNATURE

24A. BURIAL CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

Burial

correct ag

MAR 29 1952 + + + + To Charles G. Vs 150

Arbutus

24c. NAME OF CEMETERY OR CREMATORY

Mem'l.

deceased alive on 3 - 25 - 193 2 and that death occurred at Ka.

REGISTRAR'S SIGNATURE

Charles G. Copper-512 CarrolltonAv.

25. FUNERAL DIRECTOR

HOPKINS HOSPITAL

Balto.

_m., from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

Constitution of the contract of hard a second state

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3070

	RTH-NO.							
1. (T)	NAME OF D	ECEASED Rol	ert Bar	ctlev			2. DATE OF	anah 07 3050
3. PLACE OF DEATH:				4. USUAL RESIDENCE		arch 27, 1952		
A. Baltimore City, Maryland				A. STATE	B. COUNT			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				Maryland	(T6 - utaida - una funta			
IN	STITUTION	USPHS Hospit			2004010117		(If outside corporate	limits, write RORAL and town
		Baltimore 1]	Md.		Yrs.	Baltimore D. STREET ADDRESS (If surel give earlie	
	Towardh of a	4 i D-14i		20	Mos.	2126 Howard		11)
	SEX	tay in Baltimore	7. SINGLE	, MARRIED	Days	8. DATE OF BIRTH	9. AGE (In yea	rs If Under 1 Year If Under 24
	Male	Colored	Mar	ried	ED (Specify)	Sep. 22, 1898	last birthday) Months Days Hours
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINI	ESS OR INDUSTRY	II. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUN
]	Hospital	Attendant	Hosp	pital		Virginia		USA
13.	FATHER'S					14. MOTHER'S MAIDEN		
		rd Bartley			200	Charlotte	e Wilkens	
15 Yes	, no or nnknown)	D EVER IN U, S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIA	L RITY NO.	17. INFORMANT		ADDRESS
	Jnknown			32001	., , , , , , , , , , , , , , , , , , ,	Records, USPHS	Hospital,	Baltimore, Mo
	18. 58	1.0 . 9			CAUSE	OF DEATH		INTERVAL BETY
-	DISEAS				- 1		1 .	
	(This does	not mean the mode of	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO LSOPHAGENE USTICES					
			of dying, e.g	(A)		an minute	and in the same	den. V Attention of the later of
	heart failu	re, asthenia, etc. It mea	ns the discase	e, (A)	LAGI	bhageal ust	riceo	7
	heart failu injury or	re, asthenia, etc. It mea complication which c	ns the discase caused death.	(A) e, oue to				
7	heart failu injury or	re, asthenia, etc. It mea	ns the discase caused death.	(A)				
ION	injury or	re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II	ns the discase aused death. SES F ANY, GIVIN	(B)	cir	hazeal ver		
MOHE	DISEASES	re, asthenia, etc. It mea complication which of ANTECEDENT CAUS	ns the discase caused death. SES F ANY, GIVIN STATING TH	(B) G E OUE TO	cir			
ICATION	DISEASES	re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A)	ns the discase caused death. SES F ANY, GIVIN STATING TH	(B)	cir			
LIFICATION	injury or DISEASES RISE TO T UNDERLY	re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ns the discase aused death. SES F ANY, GIVIN STATING TH	(B) G OUE TO (C)	civ	horsis of the	lives	
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CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE O	re, asthenia, etc. It mea complication which complication which complication which complication which complication complin	ms the discass caused death. SES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) G OUE TO (C)	di Dia	horsis of the	lives	
מסוועסו ווועוס פני	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE O	re, asthenia, etc. It mea complication which complication which complication which complication which complication complin	ins the discass caused death. SES FANY, GIVIN STATING TH IST. THONS CON NOT RELATE CAUSING IT	(B) G OUE TO (C)	di Dia	horsis of the	lives	undered overlesse undered
בטוכטד כבעוורוכאווסוא	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING TO THE O 19A. DATE C	Ire, asthenia, etc. It mea complication which complication which complication which complication which complication complication is a complication of the ceath, but itselds or condition of operation in the ceath complication of the ceath complication.	ms the discass caused death. SES F ANY, GIVIN STATING THIST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR	(B) G OUE TO (C)	Dia OF OPER	beter well	liver Litus	undense underse underse
יובווכאווכווערוובאווכאווכאווכאווכאווכאווכאווכאווכאווכא	OTHER STRIBUTING TO THE O	Ire, asthenia, etc. It mea complication which complication which complication which complication which complication complication is a complication of the ceath, but itselds or condition of operation in the ceath complication of the ceath complication.	ms the discass caused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT CAUSING IT 9B. MAJOR 21B. PLA ebout home, for	GE OUE TO (C) FINDINGS	Dia OF OPER	beter well ATION a or 21c. WHERE DID INJURY OCCUR?	Litus (If in Baltimore C	welcus welcus 20. AUTOPS YES X NO
	OTHER STRIBUTING TO THE O	Ire, asthenia, etc. It mea complication which complication which complication which complication which complies to the ocation of operation of operation of the condition of operation of the condition of operation of the complication of operation of the condition of operation of the complication of operation of the contributing operation of the contributing operation operati	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR	GE OUE TO (C) FINDINGS CE OF INJURY WHILE AT	Dia OF OPER URY (e.g., li set, office bldg., e	beter well ATION a or 21c. WHERE DID INJURY OCCUR?	Litus (If in Baltimore C	welless welless 20. AUTOPS YES K NO
ובחוסיד סבעוורוסאווסוג	OTHER STRIBUTING TO THE OTHER	ire, asthenia, etc. It mea complication which complication which complication which complication which complication is one condition to the oeath, but is a control of operation of operation is control of the control	FANY, GIVIN STATING THE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the causing it of the causing i	GE OUE TO (C) FINDINGS CCE OF INJURY WHILE AT WORK	Dia OF OPER URY (e.g., li eet, office bldg., e Y OCCURRI NOT WHILE AT WORK	betez well ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU	Litus (If In Baltimore C	20. AUTOPS YES X NO
TEDICAL CERTIFICATION	OTHER STRIBUTING TO THE OCUPAN OF INJURY	re, asthenia, etc. It mea complication which complication which complication which complication which complication with the above cause (A) (ING CONDITION LA CONDITION LA CONTRIBUTION LA CONTRIBUTION LA CONTRIBUTING DEATH (Month) (Day) (Year)	set the disease caused death. SES FANY, GIVIN STATING THEST. TIONS CONNOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the control of the contro	GE OUE TO (C) FINDINGS CE OF INJURY WHILE AT WORK deceased f	OF OPER URY (a.g., li bet, office bldg., e Y OCCURRI NOT WHILE AT WORK	ATION a or 2ic. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY 20 , 19 52 to 1	Litus (If in Baltimore Control of the Control of t	20. AUTOPS YES X No. City, give exact location)
TEDICAL CERTIFICATION	OTHER STRIBUTING TO THE OTHER OF INJURY 21A. ACCIE LYING OF CAUSE OF INJURY 22. I hereb deceased a	re, asthenia, etc. It mea complication which complication which complication which complication which complication with the above cause (A) (ING CONDITION LA CONDITION LA CONTRIBUTION CONDITION CONTRIBUTION CONTRI	set the disease caused death. SES FANY, GIVIN STATING THEST. TIONS CONNOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the control of the contro	GE OUE TO (C) FINDINGS CE OF INJURY WHILE AT WORK deceased f	OF OPER URY (a. s., liter, office bldg., e	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? The control of the cont	Litus (If in Baltimore Control of the Control of t	20. AUTOPS YES No. City, give exact location) 1952 that I last saw on the date stated all
1EDICAL C	OTHER STRIBUTING TO THE O 19A. DATE O 21A. ACCID LYING OF CAUSE OF 210. TIME OF INJURY 22. I hereb deceased a. 23A. SIGNA	III. III. III. III. III. III. III. III	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the control of the control o	GE OUE TO (C) FINDINGS CE OF INJURY WHILE AT WORK deceased f and that de	OF OPER URY (e. s., literation of the control of t	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	(If in Baltimore Control of the causes and Baltimore.	20. AUTOPS YES NO City, give exact location) 19.52 that I last saw on the date stated all 23c. DATE SIGN Md. 27 linear
IEDICAL C	OTHER STRIBUTING TO THE OTHER OF INJURY 21A. ACCIE LYING OF CAUSE OF INJURY 22. I hereb deceased a	IF, asthenia, etc. It mea complication which of complication which of antecedent Cause (A) (ING CONDITIONS, II HE ABOVE CAUSE (A) (ING CONDITION LA (ING CONTRIBUTION LA (ING CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I attained to the contribution of the contribution (Month) (Day) (Year) We certify that I attained to the contribution of the contribution (Month) (Day) (Year)	TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the control of the control o	GE OUE TO (C) FINDINGS CE OF INJURY WHILE AT WORK deceased f and that de	OF OPER URY (e. s., literation of the control of t	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 20 , 19 52 to 19 19 19 19 19 19 19 19 19 19 19 19 19	(If in Baltimore Control of the causes and Baltimore.	20. AUTOPS YES NO City, give exact location) 19.52 that I last saw on the date stated all 23c. DATE SIGN Md. 27 linear
VEDICAL C	OTHER STRIBUTION OTHER STRIBU	IF, asthenia, etc. It mea complication which complication which complication which complication which complication which complies on Conditions and the Above Cause (A) (I'M CONDITION LA CONDITION LA CONTRIBUTION COMPLET CONTRIBUTION (Month) (Day) (Year) If Contributing (Month) (Day) (Year)	set the discass caused death. SES FANY, GIVIN STATING THEST. STIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the control of the cont	GE OUE TO (C) FINDINGS GE OF INJURY WHILE AT WORK deceased f and that de	OF OPER URY (e. s., literation of the control of t	ATION A or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 20 ,19 52 to 10 red at 3:10 Pm., from 3B. ADDRESS S PHS HOSDITAL RY OR CREMATORY 240.	(If in Baltimore Control of the causes and Baltimore Location (Cits,	20. AUTOPS YES & No City, give exact location) 1952 that I last saw on the date stated all 23c. DATE SIGN town, or county) (St
VEDICAL C	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING TO THE O 19A. DATE O 21A. ACCID LYING OI CAUSE OF 210. TIME OF INJURY 22. I hereb deceased a 23A. SIGNA A. BURIAL, N REMOVAL (S	II. SON CONDITIONS, II. SON CONDITIONS, II. SON CONDITION LA CONDITION	set the discass caused death. SES FANY, GIVIN STATING THEST. STIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the control of the cont	GE OUE TO (C) FINDINGS GE OF INJURY WHILE AT WORK deceased f and that de	OF OPER OF OPER OF OPER OF OCCURRING NOT WHILE AT WORK From Mar eath occur M. O. III OF CEMETE	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	(If in Baltimore Control of the causes and Baltimore Location (Cits,	20. AUTOPS YES NO City, give exact location) 19.52 that I last saw on the date stated all 23c. DATE SIGN Md. 27 linear
TIO	OTHER STRIBUTION OTHER STRIBU	II. SON CONDITIONS, II. SON CONDITIONS, II. SON CONDITION LA CONDITION	state disease caused death. SES FANY, GIVIN STATING THEST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA ebout home, for the cause of the c	GE OUE TO (C) FINDINGS GE OF INJURY WHILE AT WORK deceased f and that de	OF OPER OF OPER OF OPER OF OCCURRING NOT WHILE AT WORK From Mar eath occur M. O. III OF CEMETE	ATION A or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 20 ,19 52 to 10 red at 3:10 Pm., from 3B. ADDRESS S PHS HOSDITAL RY OR CREMATORY 240.	(If in Baltimore Control of the causes and Baltimore Location (Cits,	20. AUTOPS YES & No City, give exact location) 1952 that I last saw on the date stated all 23c. DATE SIGN town, or county) (St

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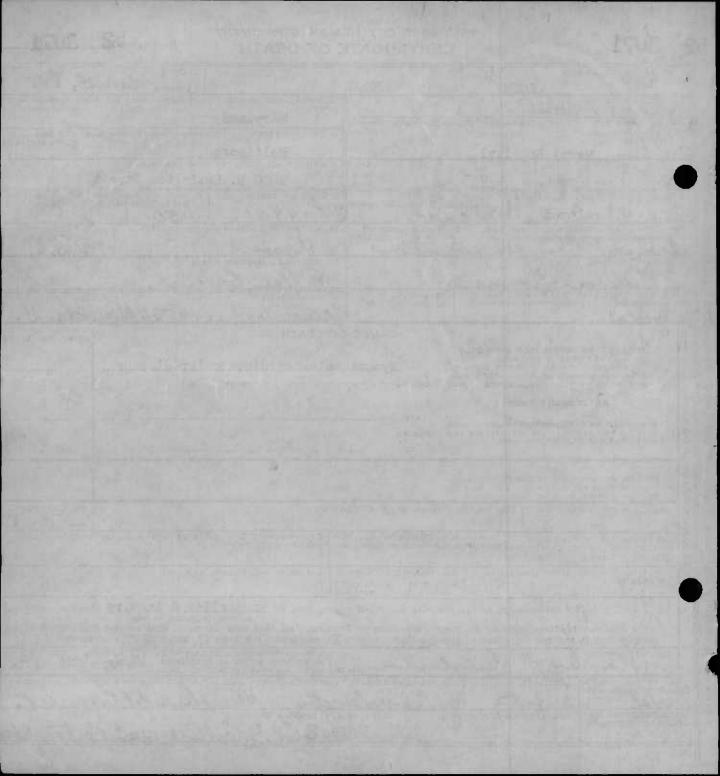
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 3071

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JAMES TORAN	2. DATE OF DEATH March 26, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland
B. FULL NAME OF "If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, white BURAL, and give
INSTITUTION Manage Hoganital	Baltimore () (township)
Mercy Hospital Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 35 Mos. Days	1008 E. Lexington Street
5. SEX 6. COLOR OR RACE 7. SING E, MARRIED,	8. DATE OF BIRTH 9. AGE (In years ii binder l Year ii binder 24 Hours Months; Days Hours Min.
male colored Married	8-5-1901 50
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork dene during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Laborer Construction	Virginia U.S.a.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Welliam Joran	Ellen Coleman
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (es. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
uknown	Sasper Taran 445 W. Henritta St.
18. 443X , 9 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
(This does not mean the mode of dying, e.g., (A)Hyperite	ensive cardiovascular disease
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
PICEACEC OR COMPLITIONS IN A SHEET OF THE SH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in	
-bank hama fastana stuast affin bldg at	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	7
m. WORK L AT WORK L	I to inducation to increase the
	bove, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or I	nquiry, find that said deccased died on the day stated above X , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SINATURE	23B. CHIEF MEDICAL EXAMINER
Marley V. Muslacher	ASSISTANT MEDICAL EXAMINER March 26, 1952
24A. BURIAL. CREMA- 2AB. DATE 24C. NAME OF CEMETER	
Burial 3-29-52 Mt. Calvara Con	metera Grane arundel Co. Gul.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
MAR 2 9 1052 tatiston tolliaus 17	Budolate J. Collins 14126, Beston St.
V S 151	

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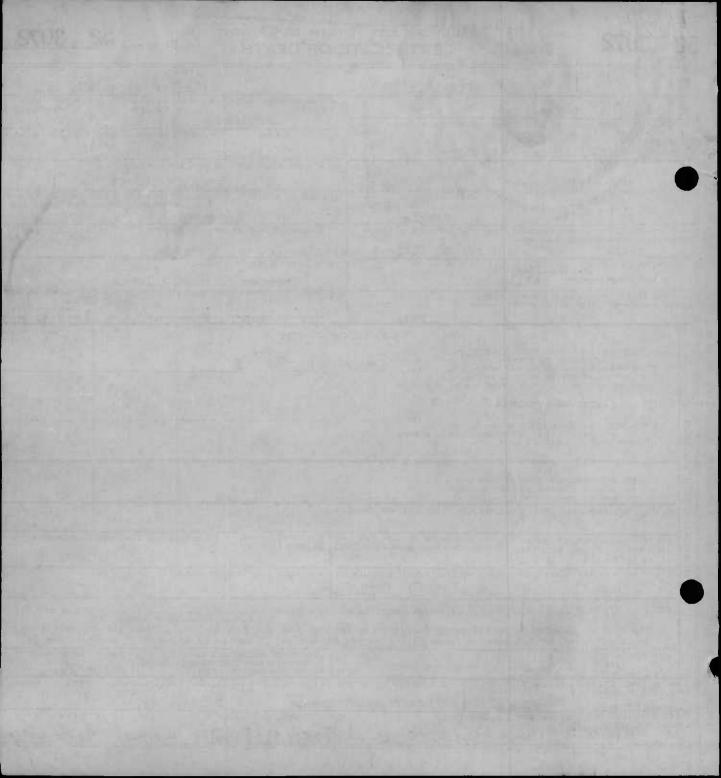


HEALTH DEPARTMENT Registered No.2 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) March 27, 1952 FLIZABETH WILLETS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF I'f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and rive township) Baltimore City Morgue Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 20 W. Franklin Street Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years It Under ! Year If Under 24 Hours last birthday) Months: Days Hours ! Min. WIDOWED, DIVORCED (Specify) 5-3-1894 Female White single about 53 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) clearly 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? clerk Title & Guarantee Co. Marvland Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Tillzabeth Capen Willetts unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Mr. Joseph-S. Knapp-=-215 E. ves CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT YES X 21B. PLACE OF INJURY (e. g., in or 2 Jc. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [OR CONTRIBabout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... 23C. DATE SIGNED MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Balto., Md 3/29/52 Green Mount Crem. Crenation DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 151

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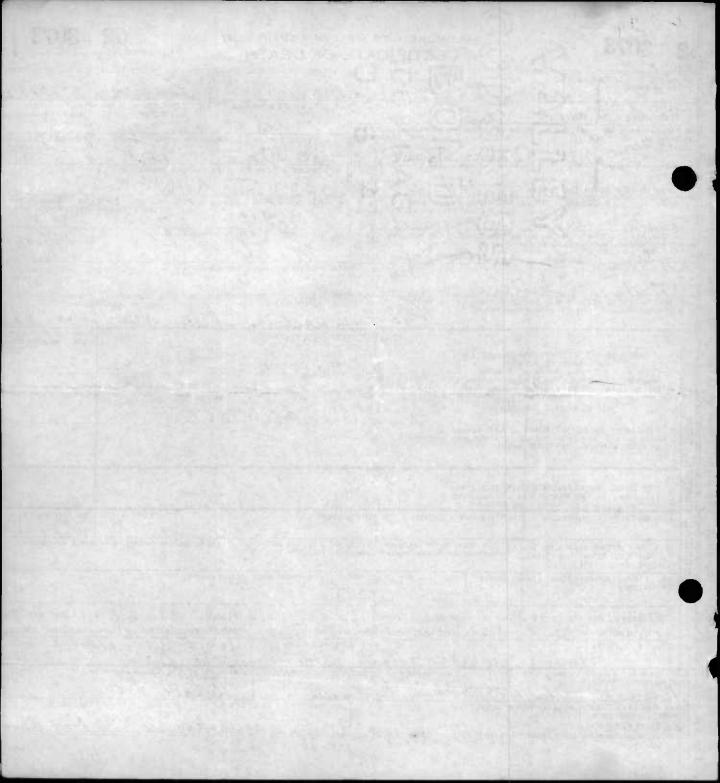


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CESNAVICIUS JOHN ar 27-195 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RUBAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION Yrs. p. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 0 Days 7. SINGLE, MARPIED If Under | Year 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. norrec 12. CITIZEN OF IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR II. BIRTHP ACE (State or foreign country) INDUSTRY WHAT COUNTRY? vork done during most of working life, even if retired) ollar Basia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME arters 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 302 St 5-10-7002 446 X CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WORK . 1952 to 3 - 27, 1952, that I last saw the 22. I hereby certify that I attended the deceased from 3-2 0 deceased alive on 3 - 27-, 1952, and that death occurred at 5:15pm., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS Junaona 24p. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 248. DATE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR are VS 150

causes

Physicians:

important.



52EB-389074 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 52 3074

BIRTH NO.	OEITH TOTT					
1. NAME OF DECEASED (Type or Print)		2. DATE				
George Thoma	is Hughes	DEATH 3-16-52				
a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE Maryland B. COUNTY before admission)				
B. FULL NAME OF (If not in hospit HOSPITAL OR Baltimore Constitution)	cal or institution, give street address or city Hospitals location)		ts write RURAL and give			
4940 Easter	-	Baltimore 6	township)			
	Yrs.	o. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore	44 years Mos. Days	13 N. Ellwood Avenue				
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	Feb. 9, 1879 9. AGE (In years last birthday) 73	onths Days If Under 24 Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
LABOREK	BALTO, CITY HOSP.	Pennsylvania	WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
George (d)		Elizabeth Lloyd (d)				
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Records -4940 Eastern Avenu	press			
18. 540.0 1 9	CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION	DIRECTLY		OHOLI AND DEATH			
(This does not mean the mode of		tinal Obstruction	6 weeks			
heart failure, asthenia, etc. It mes injury or complication which of						
ANTECEDENT CAUS	SES Double	o III con	75 Waane			
	(B)	c Ulcer	15 years			
DISEASES OR CONDITIONS, I	STATING THE DUE TO					
UNDERLYING CONDITION LA	AST. (C)					
<u> </u>						
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT						
TRIBUTING TO THE GEATH, BUT TO THE DISEASE OR CONDITION						
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City,				
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year)						
	m. WHILE AT NOT WHILE					
22. I hereby certify that I at	tended the deceased from May	21, , 1938, to March 16, , 19	2, that I last saw the			
deceased alive on March 16	5, 1952, and that death occur	rred at 6:50pm., from the eauses and on	the date stated above.			
23A. SIGNATURE	lase-	4940 Eastern Avenue	3-27-52			
24A. BURIAL, CREMA- 24B. DATE	M. O.		7 7			
BURIAL MARCH	29,54 MT. CARME	L CEMI O'DONNELL S	BALTO, MA			
DATE RECEIVED BY REGISTRAR	S. SIGNATURE!	35 FUNERAL DIRECTOR	CONKLING ST.			
MAR 291952	S. Johnson,	icharles , selly				
Vs 150	970	587 4				

BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO. CERTIFICAT	TE OF DEATH Registered	No.
	NAME OF DECEASED ype or Print) Robert. J. ENNIS	2. DATE OF DEATH MD	rch 28 1957
A. B.	PLACE OF DEATH: Baltimore City, Maryland Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location location) SPITAL OR	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	before admission)
IN	607 CATOR AVE	Battimore	its, write RURAL and give township)
	Length of stay in Baltimore Life Yrs. Mos. Days	100 00+ 000	
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif		fi Under 1 Year If Under 24 Hours Ionths Days Hours Min.
Au	A. USUAL OCCUPATION (Givekind of today of the construction of the	MATY/ANd.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13	SILMS W. ENNIS	Christina D Strater	
(Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 2/8-0/-7/63		CATOR AVE
CERTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	uis	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?
MEDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg cause of Death 21b. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR WHILE AT NOT WHILE	RED 21F. HOW DID INJURY OCCUR?	give exact location)
	22. I hereby certify that I attended the deceused from deceased alive on 3 27, 1952 and that death occ		2, that I last saw the
	23A. SIGNATURE (. L. Suvaldy)	23B. ADDRESS Fork Cf.	23c. DATE SIGNED
2.	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF GEMEN ON, REMOVAL (Specify) Borial 3-31-1957 Lorraine Par	TERY OR CREMATORY 240. LOCATION (City, town	n, or county) / state)
D	ATE RECEIVED BY REGISTBAR'S SIGNATURE AND DEAL REGISTRAR HALLINGTON WILLIAMS AND MAR 291952	Allem J Seit 5rog	Hork Rd
	VS 150	3	0

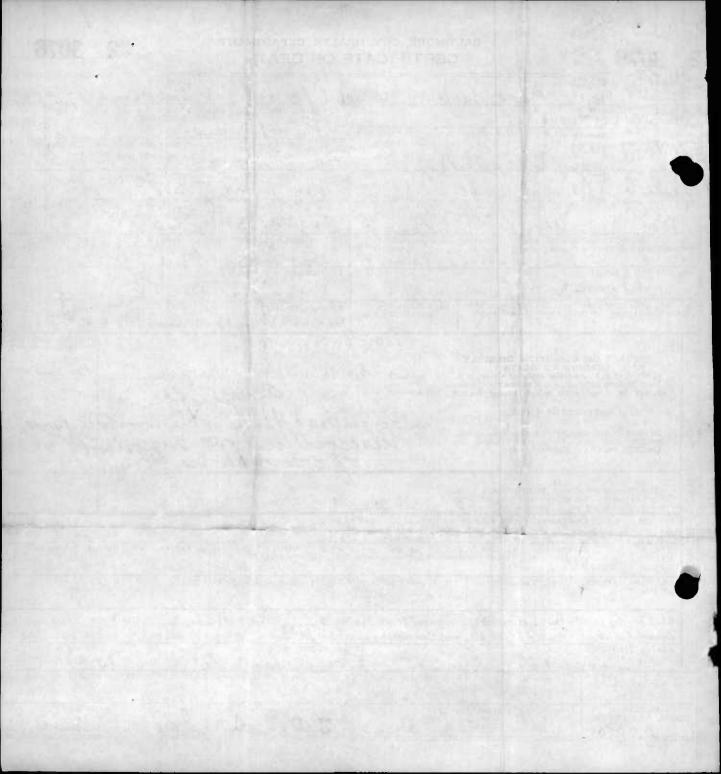
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correct age respecially important. Physicians: prease wind

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 3076

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Mary Mag dalene Wa	17 ich DEATH March 27.1952
3. PLACE OF DEATH: / A. Baltimore City, Maryland	4. UDUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RUITA) and give
Mercy Lospital	Baltimore 9-0 Sownship)
2.50	D. STREET ADDRESS (If rurel, give location)
c. Length of stay in Baltimore L, fe Days	1014 E 36 ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min.
F W Widewed	Aug. 27-1891 60
10A. USUAL OCCUPATION (Give kind of usual notation of susiness or work done during most of working life, even If retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewite	Ballimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Keller	Georgia DieTZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT) ADDRESS.
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	Norman V. Wal Tien (Son) 1014 E 36 5 5.
18. /7 = G CAUSE G	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	Vascolar Collapse 12 hre
heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.) DUE TO	aughlastie
ANTECEDENT CAUSES	1. (A) (III)
DISEASES OR CONDITIONS, IF ANY, GIVING	alized 4 b domina Carcinomatosis 4 mos.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WELL	cow in type Jugartine
(c)	Lovorcas Leoplan
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
March 6-1952 Gen. Carcinoma To	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in LyING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Ma	x. 5 , 1952, to Mar. 27 , 1952, that I last saw the
	red at 10 2 m., from the causes and on the date stated above.
23A. SIGNATURE	38. ADDRESS / 23c. DATE SIGNED
managet Les Sheresed M.D.	messaplastal 3-27.52
24A, BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY /24D. LOCATION (City, town, or county) (State)
Tion, REMOVAL (Specify) Burial 3/31/52 New Cathedral	Paltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25, FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	4/00 10 10 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1
MAR 201057 Junipage Troplant, 1574	10 // Children XV
-WAR 29 1952 7 1 1 1 1 1 1 1 1 1	Kaill Meary Lon 80's 11. Island My



correct age is especially important. Physicians: please write the causes of death clearly and legiony.

BALTIMORE CITY HEALTH DEPARTMENT

Registere 2No 3077

BIRTH NO.	TIFICATE OF DEATH								
1. NAME OF DECEASED		2. DATE							
(Type or Print) Vesse lls, Elizab	eth	OF DEATH 3/21/52							
A. Baltimore City, Maryland Baltimore,	A USUAL RESIDENCE (V	There deceased lived. If institution: residence B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give	street address or Maryland	Baltimore							
INSTITUTION Franklin Square Hospit	al C. CITT OR TOWN	outside corporate limits, write RURAL and give township)							
Transcar Square Hospac	Yrs. D. STREET ADDRESS (If	rural, give location							
c. Length of stay in Baltimore	Mos.								
5. SEX 6. COLOR OF RACE 7. SINGLE, MARE	RIED. 8. DATE OF BIRTH	9. AGE (In years H Under Year H Under 24 Hours							
Female Colored Widowed	ORCED (Specify) 12/9/1899	last birthday) Months Days Hours Min.							
10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BU	ISINESS OR 11. BIRTHPLACE (State or fo								
work down during most of working life, even if retired) Domestic	INDUSTRY	WHAT COUNTRY?							
15. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN N	AME U.S.A.							
Iloud	Nottin Wa	adlin							
	CIAL 17. INFORMANT	odlin Address Lill							
(Yes, no or nnknown) (If yes, give wer or dates of service) SE	William T. Wall	US n. Payson LB							
18. 17 4 X 9	CAUSE OF DEATH	INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY	0								
(This does not mean the mode of dying, e.g.,	(A) Perforation of Colon	; Generalized							
heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.)	JE TO han idone it's due &	n parenalizat							
ANTECEDENT CAUSES	petito 11th ace to getterally								
Z	Salconceious of abdomen								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UL L OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	JE TO Myosarcoma of	ularus							
UNDERLYING CONDITION LAST.									
14	(C)								
OTHER SIGNIFICANT CONDITIONS CON-									
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT									
. 19A. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPERATION	20. AUTOPSY?							
	eoma of uterus	YES NO L							
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 2B. PLACE OF about home, farm, factor	INJURY (e. g., % or 21C. WHERE DID (ry, street, office bldg, etc.) INJURY OCCUR?	If in Baltimore City, give exact location)							
5									
OF INJURY (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRED 21F. HOW DID INJUR	Y OCCUR?							
m. WHILE AT WORK	AT WORK								
22. I hereby certify that I attended the deceas	sed from 12.26.8, 1957, to 8	· 27- , 19.52 that I last saw the							
deceased alive on 3.27. 1952, and th	at death occurred at 4 m., from t	he causes and on the date stated above.							
23A. SIGNATUSE	23B. ADDRESS	are floop. 3.28.52							
24A. BURIAL CREMA 249 DATE 249 DATE	M. D. MALLERY OR CREMATORY 240. L	OCATION/(Civ., town, or county) (State)							
HON, REMOVAL Specify)	Je Millionia Co. 182	alter Ald							
DATE REDEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 22 2 N							
LOCAL REGISTRAR	1 22 m N+ D1/2	11: 111 3221							
MAR 19 1952 Tuntanton Vitter	Ma line Mys / reticolowy	warms miseden st.							
VS 150									
10 100	7208A								

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

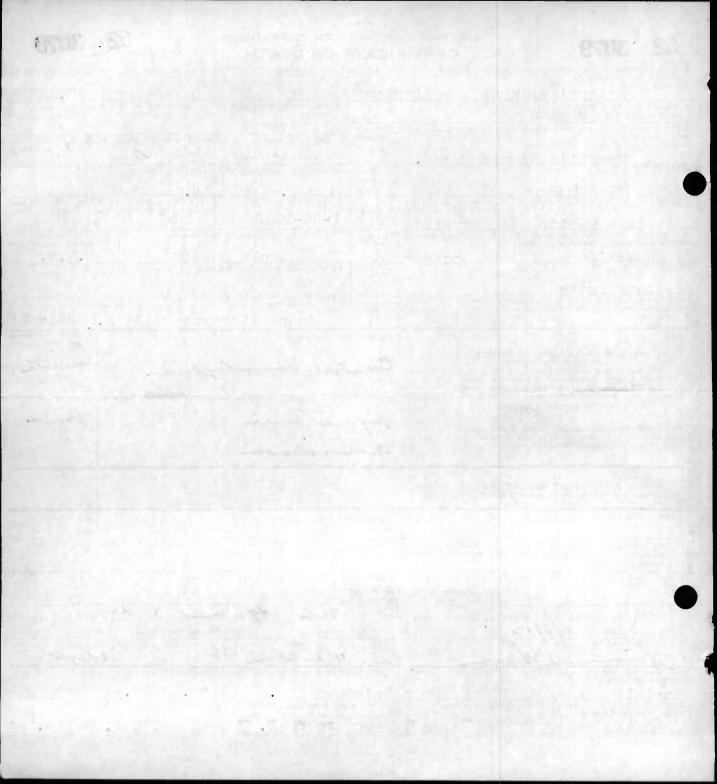
Registered 52 3078

DERTH NO. U/8 CERTIFICATI	E OF DEATH
1. NAME OF DECEASED (Type or Print) STEPHEN M. HICKEY	2. DATE OF 3/27/52 DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) 1NSTITUTION 38 E. 28th St.	C. CITY OR TOWN (If outside corporat) limits, write kURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	438 E. 28th St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WISOMED (Specify)	
10A. USUAL OCCUPATION (Give kidd of work done during most of working life, even if retired) Boilermaker ret. rail road INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Hickey	Maria Coolahan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Martin J Cosgrave 438 E 28 St.
ANTECEDENT CAUSES ODISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY1
U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., ☐ CAUSE OF DEATR	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR WHILE AT NOT WHILE	
m. work AT WORK	oly 1951, to March 27, 1952 that I last saw the
22. I hereby certify that I attended the deceased from	rred at 11P. m., from the causes and on the date stated above
	23B. ADDRESS have St 23C. DATE SIGNED 3-29-5
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
Burial 3/31/52 New Cathed	
DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOCAL REGISTRAR. Tuntington Williams M.	25. FUNERAL DIRECTOR ADDRESS CHARLES E EVANS & SON
1 4444 11 b V 1 V V V	118 W. MT. Royal Ave.

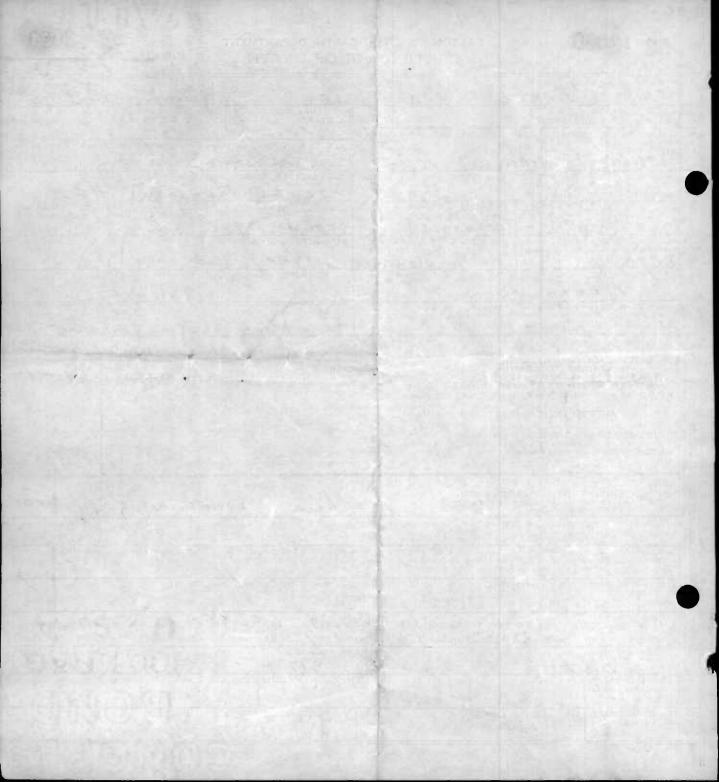
Profut 111 C. Chad H.

CERTIFICATE OF DEATH Registered No. 3079 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)			2. DATE				
Antionette(Anna) Giordana	DEATH Warch 27,1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hor HOSPITAL OR	pital or institution, give street address of location						
INSTITUTION	location	c. CITY OR TOWN (If	outside corporate limits with RURAL and give township)				
R(Franklin S	quare Hosp.	Baltimore	O Contains)				
	Yrs.	D. STREET ADDRESS (If	rural, give location)				
Length of stay in Baltimore	Mos. Days	173 N. Curly	St.				
5. SEX 6. COLOR OR RA		8. DATE OF BIRTH	9. AGE (In years) If Under Year If Under 24 House				
Female White	WIDOWED, DIVORCED (Specify Married	1-24-1895	last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Giveking	dof 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo					
work done during most of working life, even if reti	red) INDUSTRY	mar 4 M	WHAT COUNTRY?				
13. FATHER'S NAME		Italy	U.S.A.				
13. PATHER S NAME		14. MOTHER'S MAIDEN NA	AME				
Jessie Trotta		? ?					
15. WAS DECEASED EVER IN U. S. AR (Yes, no or unknown) (If yes, give war or	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
? ? ?	? ? ?	John Giord	lana 119 N. Curly St				
18. 33/4	CAUSE	OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION		o. Bextill	ONSET AND DEATH				
LEADING TO D		In Hamanh	merente				
(This does not mean the mode heart failure, asthenia, etc. It	neans the disease,	America and America and America					
injury or complication which	h caused death.) DUE TO						
ANTECEDENT CA	USES						
Z	(B)	kerlennen	yen				
DISEASES OR CONDITION: RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	A) STATING THE DUE TO	kerlennin					
	LAST. (C)	melen					
F	IDITIONS						
TRIBUTING TO THE DEATH, B	UT NOT RELATED						
U TO THE DISEASE OR CONDIT							
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
O -		Lore WHERE DID. (1	f in Baltimore City, give exact location)				
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg.		I in Dattimore City, give exact location)				
21D. TIME (Month) (Day) (Ye	ear) (Hour) 21E, INJURY OCCURE	RED 21F, HOW DID INJURY	/ OCCUR?				
OF INJURY	WHILE AT NOT WHILE						
	m. WORK AT WORK						
22. I hereby certify that I	attended the deceased from	Feb , 1949, to h	3, 19 that I last saw the				
		rred atm., from t	he causes and on the date stated above.				
23A. SINATURE	0	23B. ADDRESS	23c. DATE SIGNED				
Namen Box	7 2000 M. D.	11 E. Chan Is	1/29/0-				
24A. BURIAL, CREMA- 24B. DAT	E 24C. NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town, or county) (State)				
Buriel 3/31	/52 Holv Rede	emer Cem. Ba:	lto. Md.				
DATE RECEIVED BY REGISTR	AR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS				
LOCAL REGISTRAR	truston of shipper the	Finha W Miles	ran 3000 E. Balto. St				
11 4 14 Cm W 1000	The state of the s	H SOTTH TROUBLE	Tall OOOO DE Daloo Do				



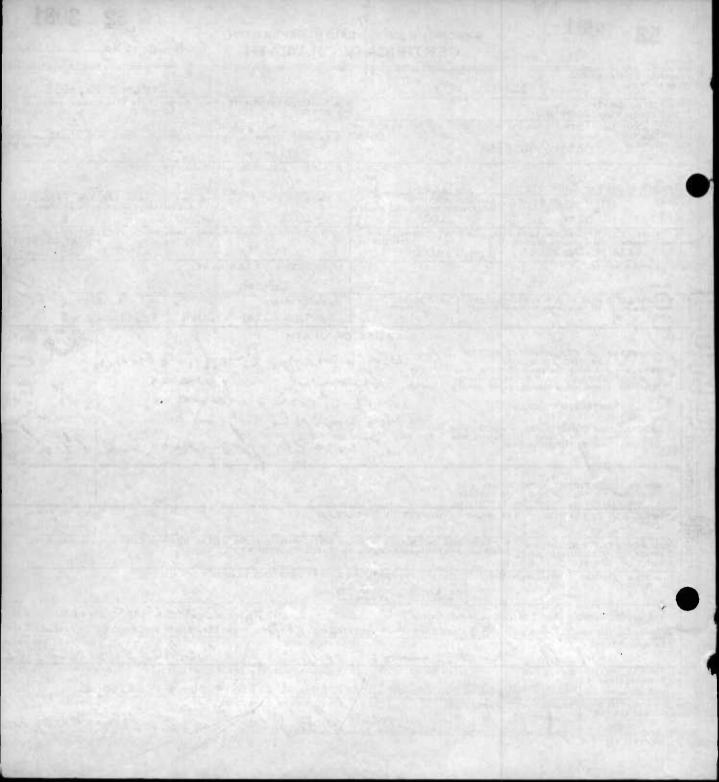
MAR 3.0 1952



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

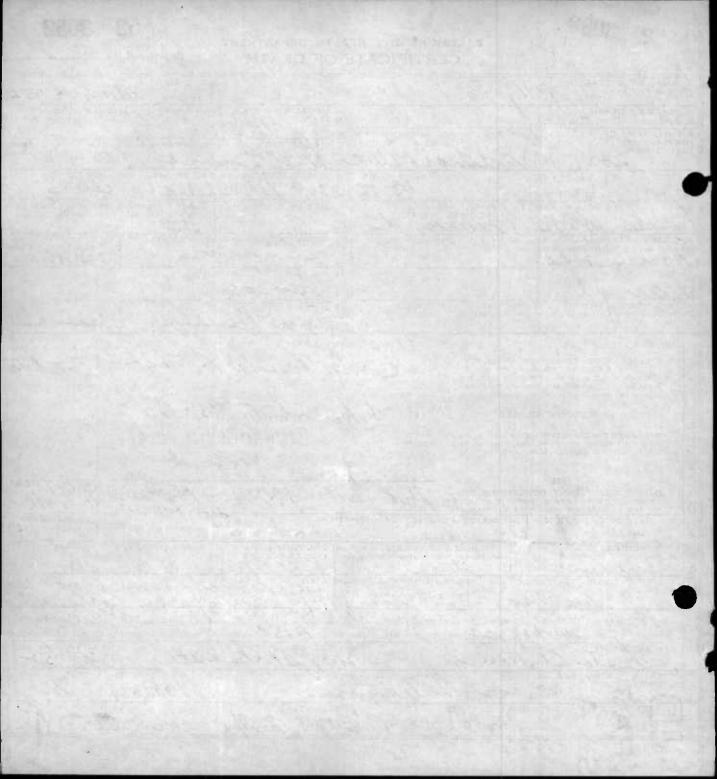
	BII	CERTIFICATE OF DEATH Registered No										
1		NAME OF D		AAC	ALTER		2. DATE OF DEATH Merch 29,1952					
		PLACE OF D Baltimore (City, Maryland				4. USUAL RESIDE		here deceased lived, B. COUNTY		on : residence efore admission)	
	HC	FULL NAME DSPITAL OR STITUTION	OF (If not in hospite Doctors Hos		tion, give stree	et address or location)	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
g)						D. STREET ADDRE						
			tay in Baltimore		0 Yrs			imore St				
aua		Male	6.COLOR OR RACE	WIDOV	E. MARRIED VED, DIVORC Tried		8. DATE OF BIRTH		9. AGE (in years last birthday) 79	Months Da	ys Hours Min.	
crearry	work	done during most o	CUPATION (Give kind of of working life, even if retired) ate Business		orietor	ESS OR INDUSTRY	11. BIRTHPLACE (S		reign country)	WH	IZEN OF AT COUNTRY?	
1		FATHER'S					14. MOTHER'S MA	IDEN NA	ME			
aeatn			Unkown				Unko	wn			4	
3 10		. WAS DECEASI	ED EVER IN U. S. ARMEI		16. SOCIA		17. INFORMANT			ADDRESS		
	(xo	i, no or unknown)	(11 you, give was or date	a or service)	SECUI	RITY NO.	Bertha Alter 2018 E Baltimore St					
causes		18. 44	2 X	9		CAUSE	OF DEATH				ERVAL BETWEEN	
write the c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DUE TO									7	
Physicians: please	CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVI STATING T			miles	91:	eumn	nia 1	-day	
hysicia	ERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION									
	0				R FINDINGS	OF OPER	ATION	NEW TO		20	. AUTOPSY?	
nt.	Y		0							YE		
important.	EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJ				f in Baltimore Cit	ty, give exac	et location)	
uii	2	2 ID. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJUR	Y OCCURR	RED 21F. HOW DID INJURY OCCUR?					
IIIy		OF HASOKT		m.	WHILE AT WORK	NOT WHILE			ALEXANDE.			
especially		22. I hereby certify that I attended the deceased from , 19 Hto how 29, 19 52 that I last saw t										
3 G		deceased alive on 3 2 - 1962 and that death occurred a 35 Am., from the causes and on the date state 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE									DATE SIGNED	
5			4.4.18	no	Ores	M. D.	11091	7. (sever	TOT 3	3-29-52	
ct ar	24 TIC	Burial (S	Spacify	0.1952			el Anshei Sf		netery Ba	alto Md		
correct		ATE RECEIVE	D BY REGISTRAR		URE,	UP MOR	25. FUNERAL DIR			grus 7	ess//26W	
P. Canada	IA	R 30,195	The state of the s	7				VV				



BALTIMORE CITY HEALTH DEPARTMENT

52 3082

BIRTH NO. CERTIFICATE	E OF DEATH Registered No.									
1. NAME OF DECEASED Molly Paul	2. DATE OF METCH 30 1952									
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)									
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITTOR TOWN (If outside corporate limits, write RURAL and give									
2309 V/Malash We	D. STREET ADDRESS (If rural, give location)									
Length of stay in Baltimore 45	2309 Draddish We									
SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Months Days Hours Min.									
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work doi: during most of working life, ey in if retired) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTYPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Starry	Dora									
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Leon faul - James									
18. 472. 1 and E 903. 6 CAUSE	OF DEATH ONSET AND DEATH									
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	bio Vascular Hardent Immediate									
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	(This does not mean the mode of dying, e.g., (A)									
injury or complication which caused death.) DUE TO	1. 1-t- CV Dis 1									
ANTECEDENT CAUSES	28705C/280/1C									
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY									
[2]	13/17 whe									
F	CHIEF OR ASST. MERICAL EXAMINER 0 15 4 COM									
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	My 2 de la familia 12 toler									
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER										
12 A ACCIDENT, SUICIVE. 218. PLACE OF INJURY (6.8.	in or 21c. WHERE DID (If in Baltimore City, give exact location)									
HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR? Front Frais on M. Beluedere aul									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	and the state of t									
FINJURY WHILE AT WORK NOT WHILE AT WORK AT WORK	A Fill between sinher dops and									
22. I hereby certify that I attended the deceased from	193, to 195, that I last saw the									
	rred at, from the causes and on the date stated above. 238. ADDRESS 23c. PATE SIGNED									
Lester a. Stale 19 M.D.	1039 DX Paul Sty 3/30/52									
24A. BURIAL, CREMA- 24B. DATE 24C DAME OF CEMETE	ERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)									
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERA DIRECTOR ADDRESS									
MAR 36 93AR Huntington Williams Het.	tage Reits MU 2100 Outare 12									
VS 150										
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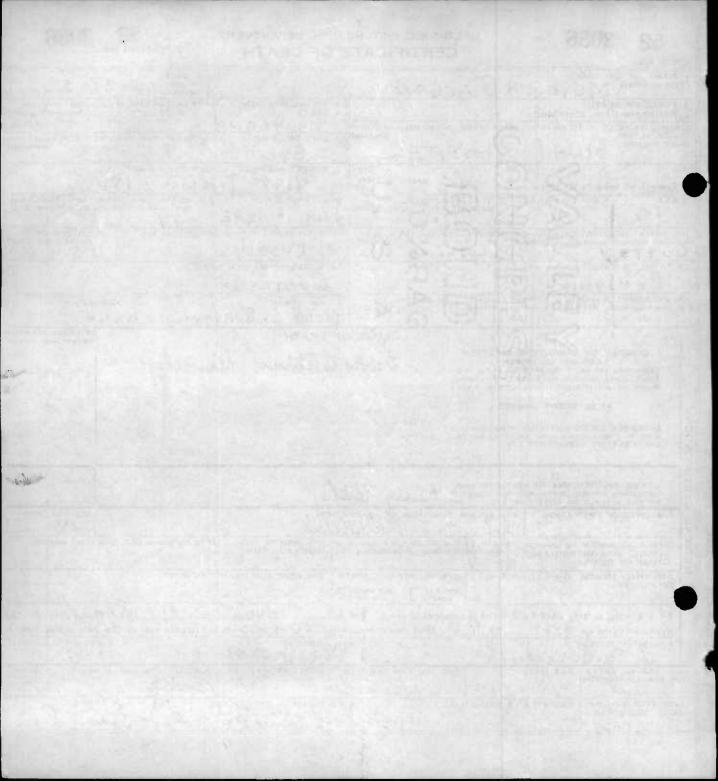


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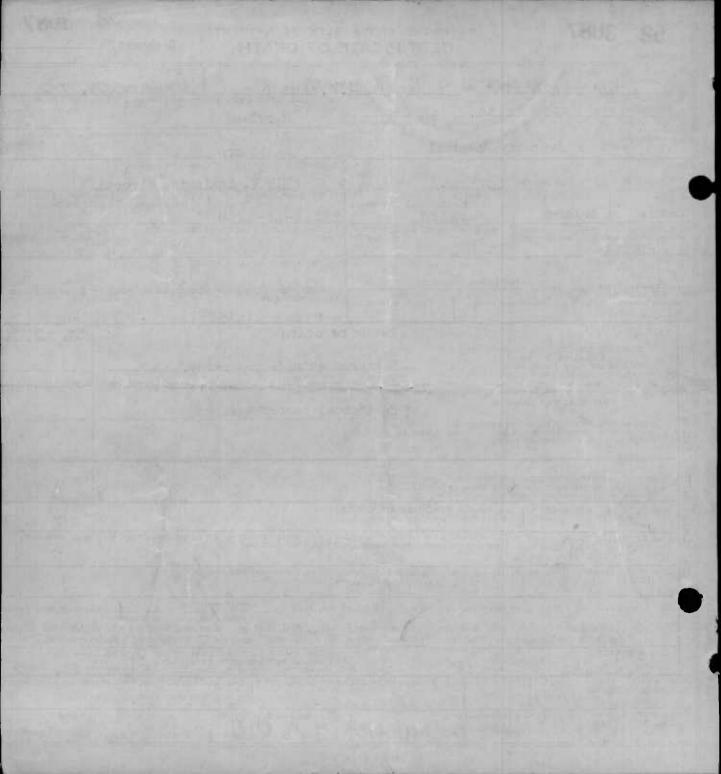
Mussia Calvert St 1109 3 PM Mr. Sh

BALTIMORE CITY HEALTH DEPARTMENT 3085 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CIZ OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Davs 5, SEX AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) rdou 10A. USUAL OCCUPATION (Givekind of 11. BIRTHOLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF oduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wes usua Buse 13. FATHER'S NAME 14. MOPHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowe) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED lif TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK .. 195 7 that I last saw the 22. I hereby certifuthat I attended the deceased from Line deceased alive on MAN 28 195V. and that death occurred at & M., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24 BURIAL, CREMA-TION, REMOVAL (Specify) 244 NAME OF CEMETERY OR GREMATORY | 240. LOCATION (City, town, or county) 24B. DATE wiral DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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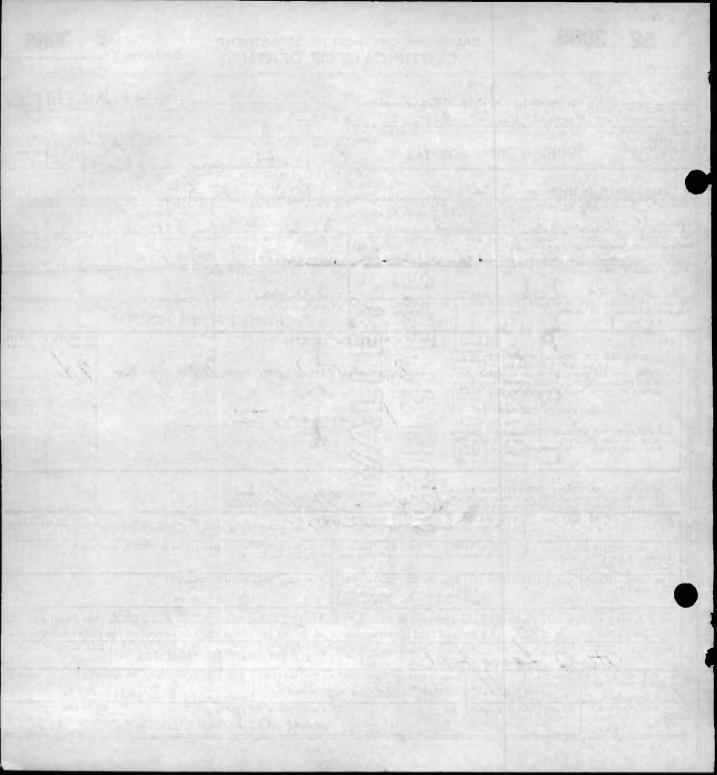
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	В	IRTH NO.				CE	RTIFIC	CATE	E OF DEA	ГН	Register	ed No		
		NAME OF					**	71	-51 No.		2. DATE OF			
	3.	PLACE OF	DEATH			Or	Hatti	e E	R. Hinton	DENCE (V	DEATHMAT			52
4	A.	Baltimore	City, I	Maryland F	alto.	Cit	T7	lwass on	A. STATE Mary	Well and	B. COUNT			e admission
	H	OSPITAL OR					lo	cation)	C. CITY OR TOW		outside corporate	limits, wri	te RUR	
				Universi	ty Hos	pital				imore	4-	02		township
bly.		Tought of		D=14!	00.37			Yrs. Mos.	D. STREET ADD	,		-/		
		Length of		LOR OR RAC	20 Y	TS. MA	RRIED.	Days	8. DATE OF BIR	W. Lex	ington Str		Year I	ff Under 24 House
and	f	emale	co	lored		owed.c	d	(Specify)	april-15-	1913	last birthday) 38	Months	Days	Hours Min
_	Wor	A. USUAL O	CCUPA"	FION (Give kind	of IOB, KI	ND OF	BUSINESS	OR	11. BIRTHPLACE		reign country)		CITIZE	N OF COUNTRY
clearly		Iomest	ic			ome			Trans	Llys	va	U	2.	G,
	-	FATHER'S	NAME	Um		N			14. MOTHER'S M	AIDEN N	ME			
death	A	. WAS DECEAS	SED EVE	R M U. S. ARM	ED FORCES	1 16	SOCIAL		Carry	ul	use			
Jo	(Ye	s, no or unknown	(If y	er, sive war or du	tes of services		SECURITY		osevelt H	linton	מרמ	ADDRE		4
causes		18.645	.0	4			CAI		OF DEATH	THOOL	113 400		NTERVA	L BETWEE
		DISEASE OR CONDITION DIRECTLY											ONSET	AND DEAT
the		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,												
write	injury or complication which caused death.)													
	ANTECEDENT CAUSES Peritoneal hemorrhage													
please	NO			ONDITIONS.			(B) DUE TO		***************************************		******************************			**************
	1-			CONDITION					********************************		************************************			
Physicians:	FICA			11										
sici	RTIFI	TRIBUTIN	G TO TH	ICANT CONI	T NOT REL	ATED				2				
Phy	CE	19A, DATE		RATION I			DINGS OF	OPERA	ATION				-	JTOPSY?
86	AL			1									YES 2	No [
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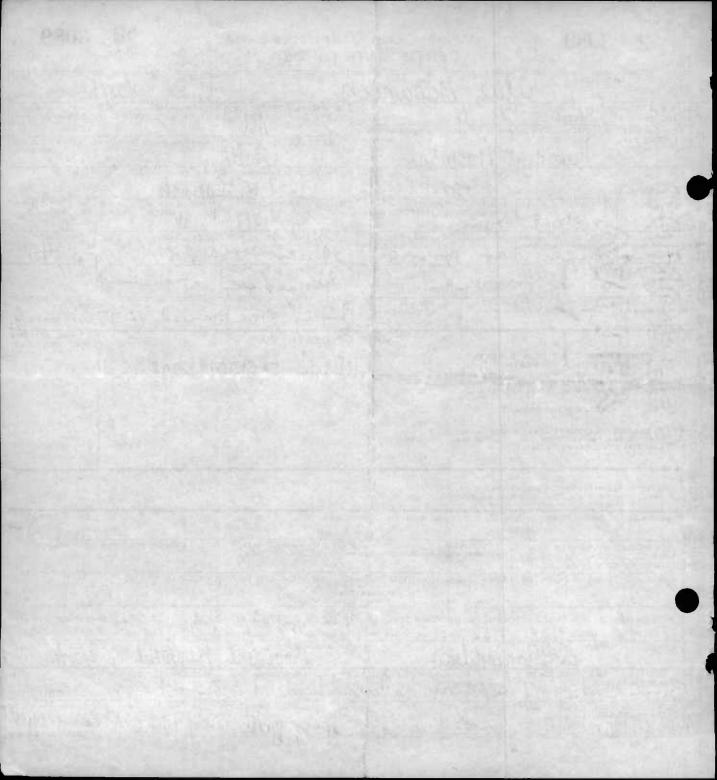


52 3089

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3089
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOP OR RACE 8. DATE OF BIRTH AGE (in years) WIDOWED DIVORCED (Specify) ast birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS OR E (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY vusuurks 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO m INTERVAL BETWEE CAUSE OF DEATH ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED H TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION EDICAL YES 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT e deceased from 3/22 1952 to 3/28, 1952, that I last saw the and that death occurred at 245/pm., from the causes and on the date stated above. _, 19 12, that I last saw the 22. I hereby certify that I attended the deceased from 195 deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED BURIAL, CREMA-24C. NAME OF CAMETERY OR CREMATORY FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT 3090 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF HARLES A.B. CEPHAS DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) IMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore ULTON. AVE. Days 9. AGE (In years last birthday) | If Under 1 Year | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) BIRTH MALE WIDOWED 10A. USUAL OCCUPATION (Give kind of) BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SARDENER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MINAN INTERVAL BETWEEN 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B, PLACE OF INJURY (e. g., is or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! 1952 to 3 - 28 2 - 41 . 1952 that I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on 3. 2 4 195 2 and that death occurred at 1015 Am., from the causes and on the date stated above,

23A. SIGNATURE

24A. BURIAL, CREWA-TION, REMOVAL (Specify) 24B DATE SHIPPED

23B. ADDRESS 117 an. 23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATOR'

25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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1951, to 3 - 27, 1952 that I last saw the 12-12 22. I hereby certify that I attended the deceased from_ 1952, and that death occurred at 6 46 Pm., from the causes and on the date stated above. deceased alive on_ 238. ADDRESS OHNS HOPKINS HOSPITAL 23c. DATE SIGNED 23A. SIGNATURE

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

TION REMOVAL (Specify) Bureal DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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	52 4	3093. ,				EALTH DEPARTME OF DEATH		Register	52 red No.—	3093
	I. NAME OF D (Type or Print)	-//366 ECEASED DOUGL		ARLES	MORRIS		12.	DATE OF MET	ch 29.	1952
						4. USUAL RESIDE A. STATE Maryland			ed. If institu	
	HOSPITAL OR INSTITUTION	Baltimore Ci			location) Yrs.	Baltimore		2-6	-34	e RURAL and glv township
	c. Length of s	tay in Baltimore	7. SINGLE	MARRIE	Mos. Days	912 Rodman	Way	AGE (In year		Year If Under 24 Hour
	Male	White CUPATION (Givekindof	WIDOW S:	ingle	CED (Specify)	May 24, 195	1	last birthday	Months I	Days Hours Min
		f working life, even if retired) ant AME			INDUSTRY	Baltimo			<u> </u>	VHAT COUNTRY
near I		Earl E. Morr		16 5051	A.1		Mae Ho	oker		
Lauses of C	Yes, no or unknown)	D EVER IN U.S. ARMED (If yea, give war or date	s of service)	16. SOCI SECU	AL JRITY NO.	Bertha Mae M	orris 9	12 Rodm	an Way	SS
CERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) ING CONDITION LA	ms the disease aused death. SES F ANY, GIVIN STATING THEST. TIONS CON	(B) G G C C C C C C C C C C C C C C C C C						
L L	TO THE D	SEASE OR CONDITION	CAUSING IT	r	S OF OPER	ATION				20. AUTOPSY?
y important.	21A. EXTERNUNDERLYING UTING C	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MONO OF INJURY 2/20/52 5:00 A WHILE AT NOT WHILE WILL Fine in home inhalation of								
as especially	22. I certify that I took charge of the remains described above, held an inspection & inquiry there the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeter 23A. SIGNATURE									
Tage T	24A. BURIAL, CO TION, REMOVAL (S Burial	REMA- pecify April 2	, 1952	Unio	OF CEMETE	.D. ASSISTANT ME MEDICAL INVE RY OR CREMATORY	DICAL EXAM STIGATOR 24b, LOCA Hot S	MINER 🛂	3/2 town, or cou	29/52 inty) (State)
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52 BIRTH	3094	CER	TIŞA	CERTIFICAT	EALTH DEPART		Registere	52, d No	3094
	ME OF DECEASED or Print)	PATR:	CIA	JANE MORRIS			OF Mar	ch 29,	, 1952
A. Bal	CE OF DEATH: timore City, Man		or institut	ion, give street address or	4. USUAL RESID	ENCE (Whe			tion: residence before admission)
HOSPI	TAL OR	imore Cit		location)	c. CITY OR TOWN Baltimore		26.	-34	RURAL and give township)
c. Ler	igth of stay in Ba	altimore		Yrs. Mos. Days	o. street addr 912 Rodma		al, give location)	
5. SEX	6. COLOF		7. SINGLI WIDOW	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRT		. AGE (In years last birthday)	Months D	lear If Under 24 Hours Days Hours Min.
	SUAL OCCUPATION during most of working life Ohild		OB. KIND	O OF BUSINESS OR INDUSTRY		State or forei		W	TIZEN OF COUNTRY
13. FA	THER'S NAME	E. Morrie			14. MOTHER'S MA				
15. WA	S DECEASED EVER IN	U.S. ARMED	ORCES?	16. SOCIAL	17. INFORMANT	a Mae H	ooker	ADDRES	SS
(Yes, no	or unknown) (If yes, g	give war or dates o	service)	SECURITY NO.	Bertha Mae	Morris	912 Rodma		
RTIFICATION	DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICA TRIBUTING TO THE I	DENT CAUSE DENT CAUSE DENT CAUSE (A) S NDITION LAST II DEATH, BUT NO	SANY, GIVINTATING TE	(B)					
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22	I certify that I the evidence ob	took charge	e of the	remains described of psy, Inspection or I from: natural causes	bove, held an in	Autopsy, Ins	n & inqui	iry then	reon and from
	A. SIGNATURE	- V &	O TINI	A M	23B. CHIEF MI ASSISTANT M .D. MEDICAL INV	EDICAL EXA EDICAL EXA ESTIGATOR	AMINER	3/29	signed /52
TION, R	EMOVAL (Specify)	4B. DATE		Union Chapel			t Springs		nty) (State)
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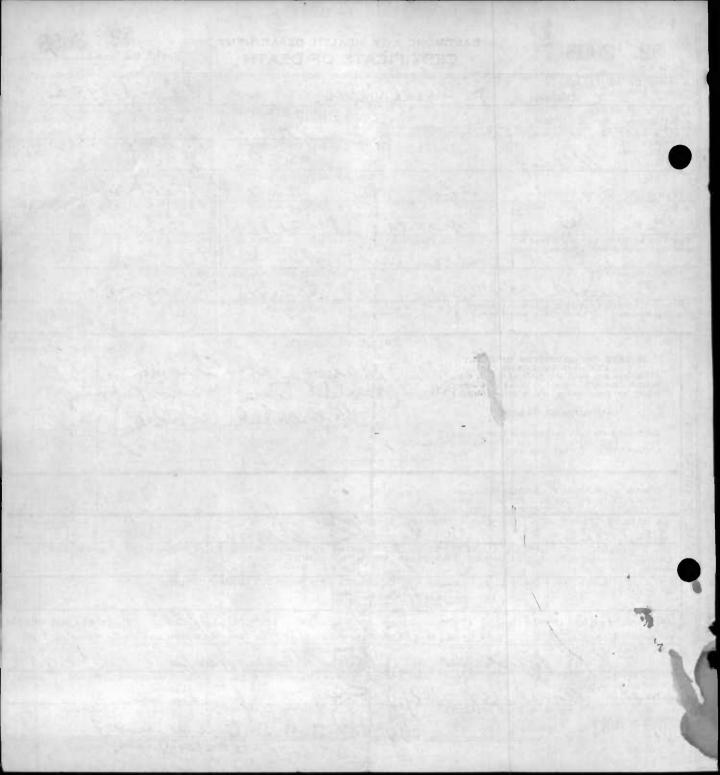
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BALTIMORE CITY HEALTH DEPARTMENT 3098 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sallagher OF Lugio DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give TITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. married IOA. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nsu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or naknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED til TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJUTY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY. NOT WHILE AT WORK WORK 1954, to_ Shat I last saw the 22. I hereby certify that I attended the deceased from_ ___, 1962 and that death occurred at 430 Pm., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 238. ADBRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24c, NAME OF CEMETERY OR CREMATORY 240, LGC (ION (City, town, or cunty) Burel Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 BUNERAL DIRECTOR ADDRESS LOCAL REGISTRA untragion VS 150



52 3099

BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 3099

В	IRTH NO.			CERTIFICATI	OF DEATH				
(7	NAME OF DE	MAMIA		Sikora		2. DATE OF DEATH MAR			
	Baltimore C	EATH: ity, Maryland	10 A	les 3	4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution : residence before admission)		
В.	FULL NAME (al or institut	ion, give street address or location)	Md.				
	TITUTION	JOHNS HO	DKINS F		c. CITY OR TOWN , (If outside corporate lin	nits, write RURAL ond give township)		
		3011113 110	71 101113 1	Yrs.	D. STREET ADDRESS	ore If rural, give location)			
c.	Length of st	ay in Baltimore		Mos. Days	1747 F.F	hatt !	Sti		
5	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.		
4	emale	white	m	arried	2-1-07	45			
Por	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME			
(Ye	s. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give wer or date	D FORCES? s of service)	16. SOCIAL SECURITY NO.	JOHNS HOPE	KINS HOSPITAL	ADDRESS		
	18. 600	.0 9		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OBATH		
	DISEAS	E OR CONDITION LEADING TO DEA		11.1	Valoria		~ 1		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (A) Hyber Kalemia (A) Hyber Kalemia (B) Hyber Kalemia (B) Hyber Kalemia								
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Z	DISEASES	OR CONDITIONS, I	F ANY GIVIN		temia		TWKS		
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RTIFICATION	OTHER 61	II GNIFICANT CONDI	TIONS CO						
lil lil	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED					
U				FINDINGS OF OPER	ATION	20. AUTOPSY?			
ICAL		1					YES NO		
DIC		ENT WAS UNDER- CONTRIBUTING	2 1B. PL	ACE OF INJURY (e. g., ic ferm, factory, street, office bldg., e	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	, give exact location)		
	21D. TIME () OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?			
			m.	WHILE AT NOT WHILE		- 1	-4		
		certify that Latt			27- 1952 to	3-28- , 195	that I last saw the		
	deceased al	ive on 3 - 28-	_, 195 %,	and that death occur	764 46-11., J1011		the date stated above.		
	Per	hard &	5 %	Cram. D.	38. ADDASS HOPKIN	VS HOSPITAL	3/29/52		
2	4A. BURIAL, C	REMA- 24B. DATE	1 1	24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, tow	yn, or county) / (State)		
6	Querial	Ultris	1/53	Toly tos	any 1/a	Termere			
DH	ATE RECEIVED		SIGNATI	DRE //	25. FUNERAL DIRECTOR		ADDRESS		
	14K 20 13	Ja Tuntra	y on the	Villarian Mare	Tred on	3,02 europe	<u>, </u>		
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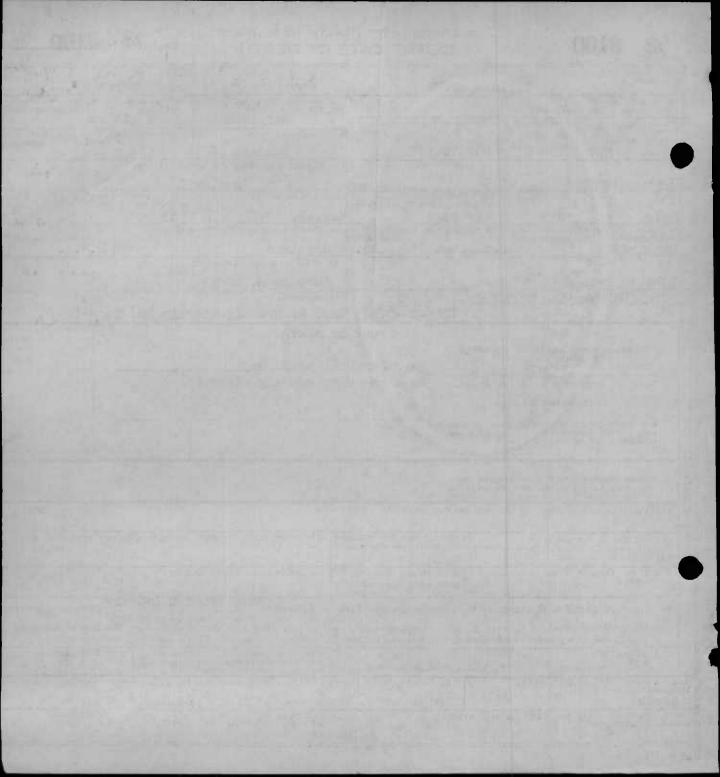
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

YES

NO X



deceased Alive on

24B. DATE

REGISTRAR'S SIGNATURE

23A. SKONATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

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LOCAL REGISTRAR

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ADDRESS INTERVAL BETWEEN ONSET AND DEATH 3 leed 20. AUTOPSY YES NO (If in Baltimore City, give exact location) 195 That I last saw the and that death occurred at_ .m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SAGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equity) / 25. FUNERAL DIRECTOR ADDRESS

before admission)

WHAT COUNTRY?

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(T)	ype	or l	Print))				

FRANK MORRIS BOYLES

2. DATE

Registered No.

OF MARCH 19, 1952

	DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins. A. STATE B. COUNTY	stitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	manyland	
HAPITAL OR Union Memorial Hosp. location)	C. CITY OF TOWN (If outside corporate limits, v	
TOTION WORLD THE TOTAL THE STATE OF THE STAT	Baltimore 10 12-6	o / townshi
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore several years Mos. Days	221 Ridgemede Road	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Ingt binthday) Mantl	der I Year If Under 24 Hou
Male white married	april 13 1884 6768	ns. Days Hours. Mil
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTR
Chemist Propole Springs Ca	West Virginia	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE BOYLES	MARY ? (Not ascerta	inable)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT Mumorial Hook, Palane	RESS
unknown NONE 086-03-2618	Miner Minerial 17098. 1	B.J-andal
	Mrs. Derethy Boyles- Wife- Wal	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY		STORY AND DEAT
(This does not mean the mode of dying, e.g.,	C DISEASE OF LUNGS	
neart failure, asthenia, etc. it means the disease,	11.50	
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
(B)		
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPER	ATION	1 20. AUTOPSY
		YES NO
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, giv	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e		c chact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT

NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 28, 1952, to MARCH 29, 1952, that I last saw the deceased alive on MAR 29, 1952, and that death occurred at 6:22 Am., from the causes and on the date stated above.

248. DATE

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 25/ FUNERAL DIRECTOR

(State)

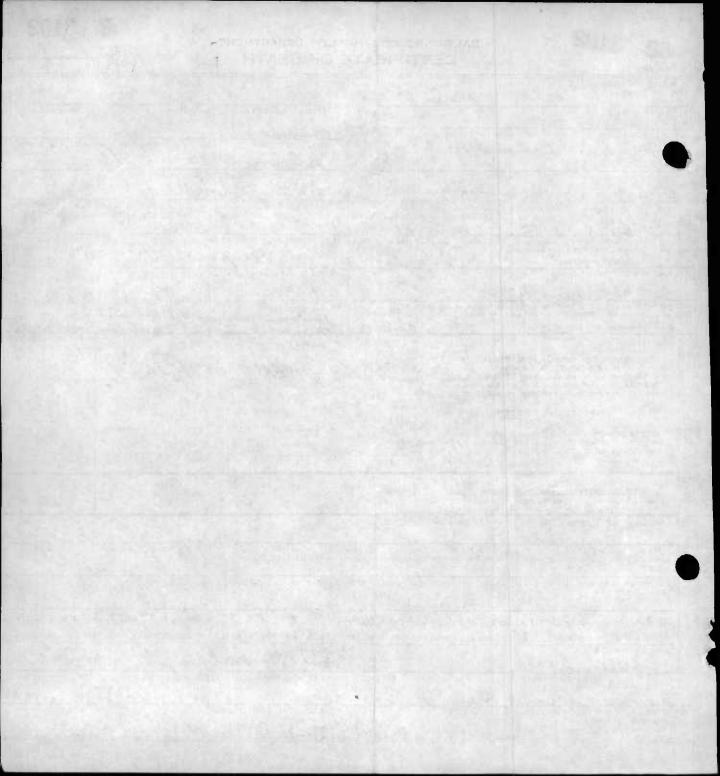
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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

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CHIN - JUNG 3103 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED 9.ung (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence S. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION Frankly So ware Hospela township) y more D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1303 Edmonson ave c. Length of stay in Baltimore Days Jast birthday) Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH chinese 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? China. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. (Yes, no or onknown) CAUSE OF DEATH 18. 447 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hyperleusive Vasculae Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. rterioslerosis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! WORK 195 that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred a A m., from the causes and on the date stated above. _ 195 deceased alive on 3-2 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS nolin 24C NAME OF CEMETERY OR CREMATORY 1-24D (Coty, town, or county) 24A. BURNAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Mar-31-1952 forraine Cemetery Buria 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 108 W VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

52 3104

ВІ	RTH NO.	3104		CERTIFICAT	E OF DEATH	Registered N	NO
1.	NAME OF Di		R. Ch	aney		2. DATE OF DEATH Marc	h 27/52
A.		lity, Maryland	2		4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
	OSPITAL OR	225 Ashton		ion, give street address of location		Of outside corporate limits	s, write RURAL and give township)
c.		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (
5.	Pemale	White		E. MARRIED. ZED, DIVORCED (Specification)	9. DATE OF BIRTH Oct. 2.188	last birthday) Mo	Under 1 Year II Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		Home INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N				14. MOTHER'S MAIDEN Unknown	NAME	
15 (Ye	. WAS DECEASE e, no or nnknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Herbert Chane		on St.
ERTIFICATION	(This does heart failure failu	LE OR CONDITION LEADING TO DEAT not mean the mode or, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA III IGNIFICANT CONDITION TO THE DEATH, BUT TESEASE OR CONDITION	FH f dying, e. g f dying, e. g sthe disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)(G)(C)(C)	stadenens Interal	e overe	ONSET AND DEATH
DICAL C	19A. DATE O	and the second second	9B. MAJOR		TRATION OVALLE in or 21c. WHERE DID theto. INJURY OCCUR?	Collection (If in Baltimore City, 8	20. AUTOPSY7 YES NO Control No Co
D	CAUSE OF	DEATH Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	RED 21F. HOW DID INJU	RY OCCUR?	
	22. I hereb deceased al	ive on 3 · 27	ended the	deceased from and that death occ	9 14, 1951, to urred at 10:30 m., from 238. ADDRESS	the causes and on th	that I last saw the he date stated above.
2. TI:	4A. BURIAL CON REMOVAL (S Burial	ven P. L			1227 Wash TERY OR CREMATORY 240. dral, 4300 old	Frederick Ro	3.28.52 or county) (State)
D	ATE RECEIVE	BAR REGISTRAR	SSIGNATU		25 FUNERAL DIRECTO		ADDRESS

Howard Strong 3207 W. North Ave

VS 151 1/809.2

LOCAL REGISTRAR

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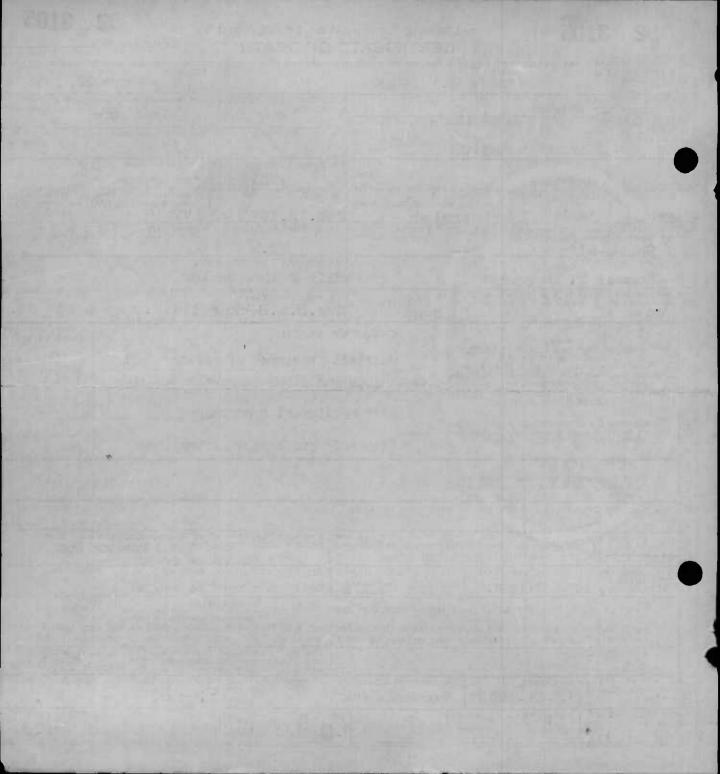
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write

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Physicians:

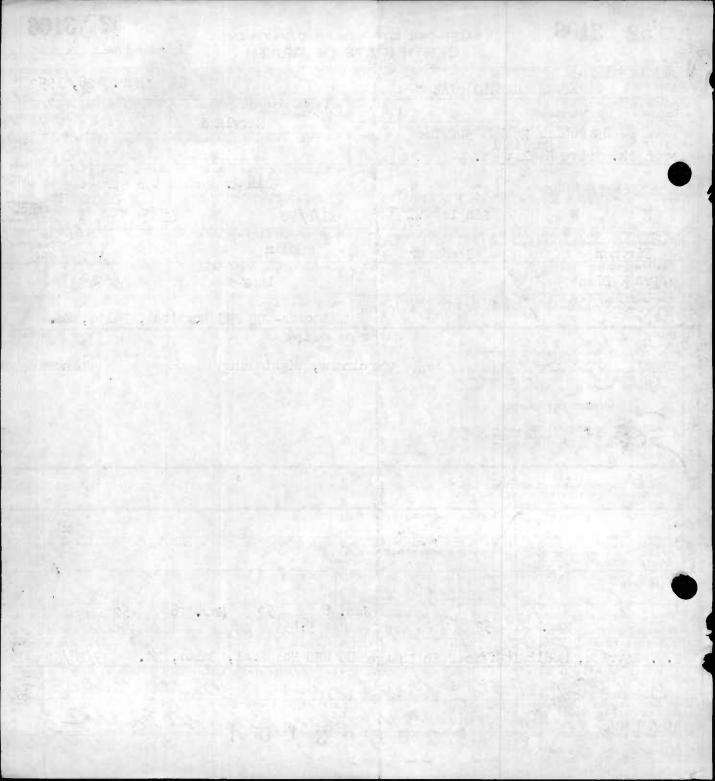
important.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3106

Registered No. I. NAME OF DECEASED (Type or Print) 2. DATE 28, 1952 Mar. OF EDWARD CASTRO DIAZ DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF Alfance in hospital or institution, give street address or HOSPITAL OR US PUBLIC HEALTH SERVICE location) C. CITY OR TOWN (If outside corporate limits write HURAL and give NSTITUTION Hospital Wyman Pk. Drive & 31st St. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 114 N. Washington Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. M 12/6/90 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Spain Fireman Seafarer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Diaz Lucy ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma, right lung IInknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED $\overline{0}$ TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK AT WORK he deceased from Jan. 8, to Mar. 28, 1952, that I last saw the and that death occurred at 5:45A m., from the causes and on the date stated above. 1952, that I last saw the 22. I hereby certify that I attended the deceased from 1052 deceased alive on Nar. 23A, SIGNATURE 23c. DATE SIGNED officer in Charge D.W. Patrick US PHS Hospital, Balto, Md. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

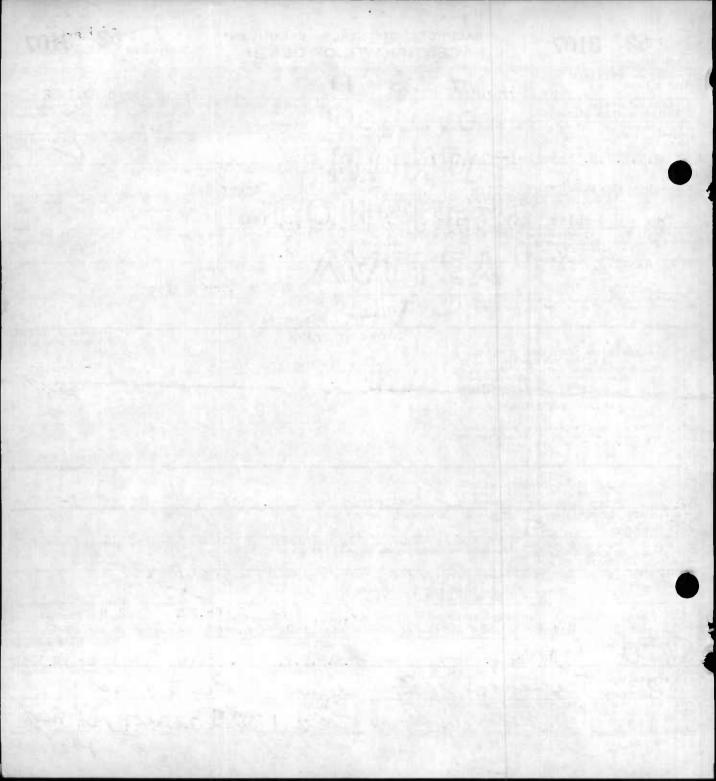


5 252 3107

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3107

В	IRTH NO.			OLIVIII IOATI	E OF BEATTI			
1. NAME OF DECEASED (Type or Print)					2. DATE OF			
Mary Margaret JOHNS					DEATH March 29.1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION U.S.P.H.S. HOSPITAL—Baltimore					Maryland City			
					C. CITY OR TOWN (If outside corporate limits, write RORAL and give			
					township)			
7	U.S.F	n o nospita	I Dalu	Yrs.	o. STREET ADDRESS (If rural, give location)			
Mos.					•			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					509 S Decker Ave 8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year II Under 24 Hours			
			WIDOWED, DIVORCED (Specify)				Ionths Days Hours Min.	
fem		white		ingle	Aug 15, 1945	6		
10A. USUAL OCCUPATION (Give kind of tops. KIND OF BUSINESS OR work done during most of yorking life, even If retired)					11. BIRTHPLACE (State or foreign country) 12.		12. CITIZEN OF WHAT COUNTRY	
- Studens					Md.		USA	
13	FATHER'S	NAME	17.5	COLLEGE AND	14. MOTHER'S MAIDEN NAME			
George P Johns Sabina Mary Mulle								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					17. INFORMANT ADDRESS			
(Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.				SECURITY NO.	Parents		ADDITESS	
-	. 0 .	/ 2	/s				INTERVAL BETWEEN	
	18. 204, 3 G CAUSE OF DEATH				OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,				LEUCEMIA	•••••	7 8 months	
	Injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
7								
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO							
UNDERLYING CONDITION LAST.								
(c)						***************************************		
느								
OTHER SIGNIFICANT CONDITIONS CON-								
							5-7 days	
J	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
CAL	none						YES NO X	
EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Cout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR?						give exact location)	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
OF INJURY WHILE AT NOT WHILE								
	m. WORK AT WORK							
	22. I hereby certify that I attended the deceased from Mar. 11, 1952, to Mar. 29, , 1952, that I last saw							
deceased alive on Mar 29, 1952, and that death occurred at 2:40 m., from the causes and on the date stated of 233 MATURES 236. DATE SIGNATURES 236. DATE SIGNATURES							the date stated above.	
							23c. DATE SIGNED	
	UV	Raymon	d di- Mi	urray M.o. I	LS P.H.S. Hosp.	Balto	Mar 29 1952	
71	ON, REMOVAL	0 1/-7	-52	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, tow	n, or county) (State)	
DATE RECEIVED BY I REGISTRAR'S SIGNATURE (125. FUNERAL DIRECTOR ADDRESS								
M	MAR 3 1 1957 Huntington Walliams, A. Lelle & Soll ale -403 S. Worle							
-	VC 150		11 7	and the	7 -1		I V	



25. FUNERAL DIRECTOR

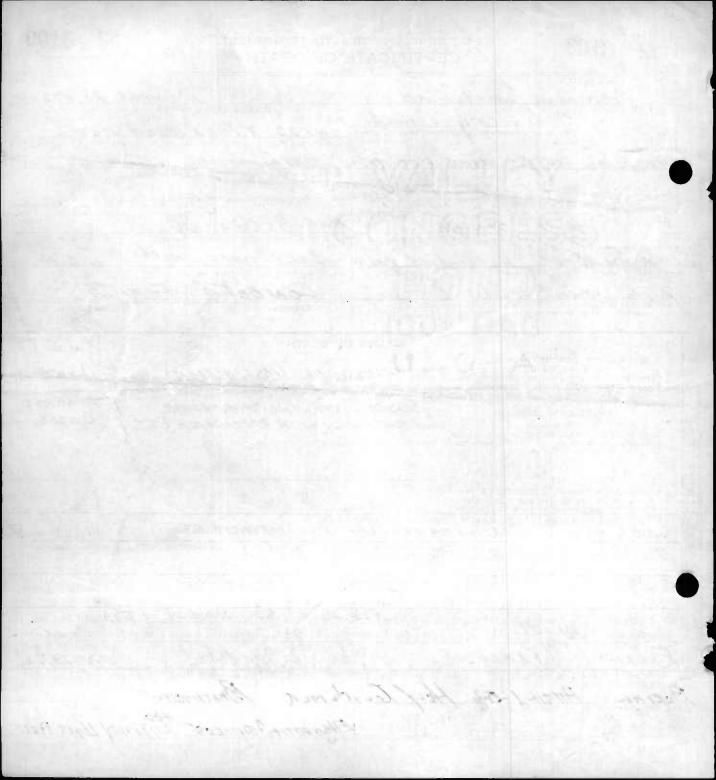
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DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

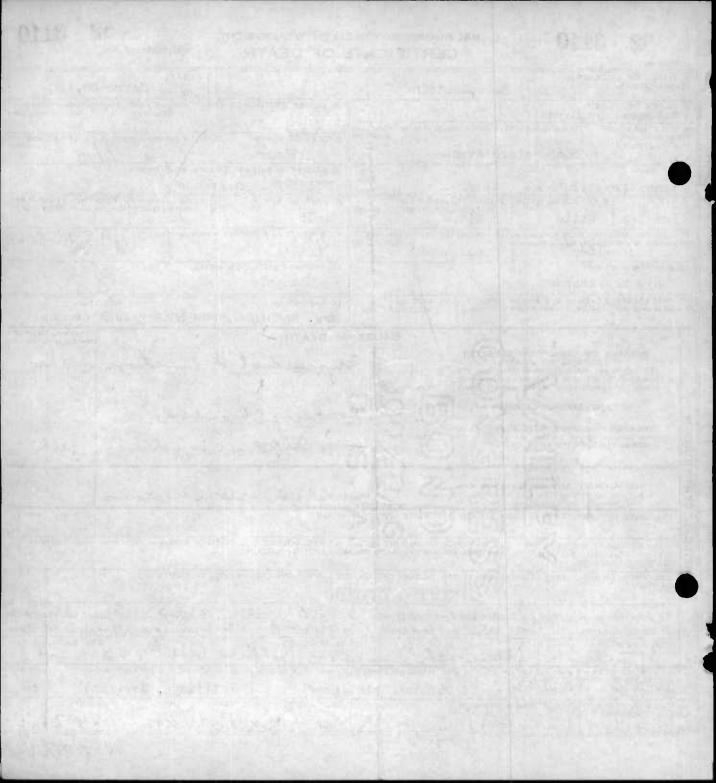


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BALTIMORE CITY HEALTH DEPARTMENT

52 3i1n

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mary G. Goldstein March 30.1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3655 Wabash Avenue Baltimore p. STREET ADDRESS (If rural, give location) Vre Mos. 3655 Wabash Avenue c. Length of stay in Baltimore 55 yrs. Days 9. AGE (In years | M Under I Year | M Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White 1875 Widow 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired)
housewife INDUSTRY own home Latvia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hyman Zimmerman Hannah? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) SECURITY NO. Mrs. Nathan Cohen- 3655 Wabash Avenue CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY yocardial of fraction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 19 52 to . 1952 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 3 - 30 1952, and that death occurred at 4 10 Am., from the causes and on the date stated above. 23s. ADDRESS 234 SIGNATURE 23c. DATE SIGNED Planlo 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 248. DATE TION REMOVAL (Specify) Ohr Knesseth Israel Baltimore. Maryland ADDRESS 25) FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglov.



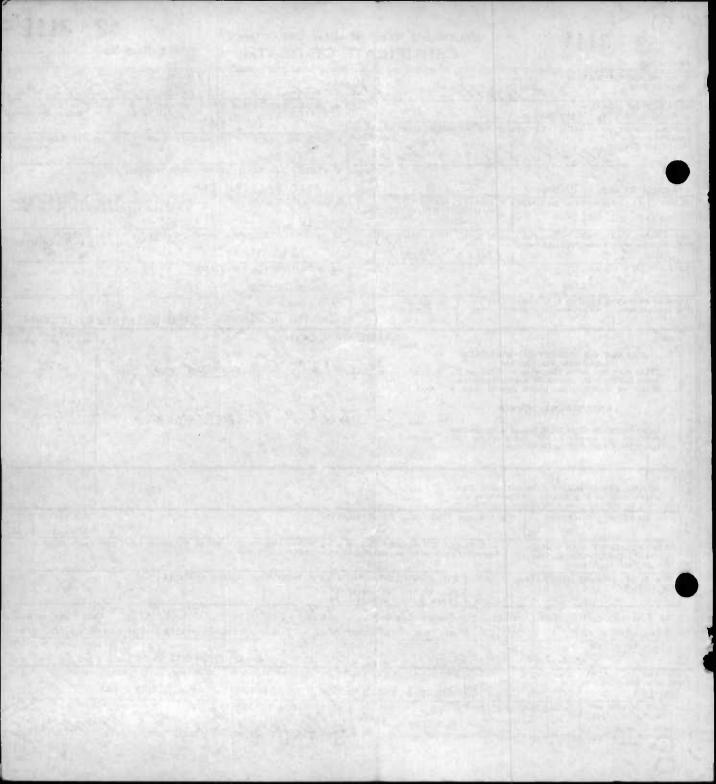
VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3111

Registered No.

BIRTH NO.									
1. NAME OF DECEASED (Type or Print) FANNIE SIZ	EGEL 2. DATE OF 3/3	0/50.							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instit	utión : residence before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 4/10 Ro/// SAFE		te RURAL and give							
411010111NS HYX	Baltimore D. STREET ADDRESS (If rural, give location)								
c. Length of stay in Baltimore 52 Yrs Mos. Days									
Female 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WidoW	10:0	Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife OWN HomE	11. BIRTHPLACE (State or foreign country) Lithunia	CITIZEN OF WHAT COUNTRY							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Philip Sachs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Leah Sachs								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Nathan E Siegel 2906 Beisters								
18. 332X , 9 CAUSE	OF DEATH	NTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	brel Attrioscleroses	3418.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?							
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,		YES NO PERSON							
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE AT WORK AT WORK									
22. I hereby certify that I attended the deceased from	22. I hereby certify that I attended the deceased from Hept, 1950, to Mar 30, 1957, that I last saw the deceased alive on Mar. 28, 1957 and that death occurred at 5 pm., from the eauses and on the date stated above								
23A. SIGNATURE M.D.	23B ADDRESS Park Heights for 3	SC. DATE SIGNED							
TION REMOVAL (Specify)	ery or Crematory 24b. Location (City, town, or con Cong Cemetery Baltimore Md	unty) / (State)							
Burial March 31,1952 Anshei Emunah DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntunglor March 31,1952 Anshei Emunah LOCAL REGISTRAR REGISTRAR Tuntunglor March 31,1952 Anshei Emunah		DRESS (17)							
MAR 3 1967 19 5. "2" 15 6 7 6	JAMES AND WINE // AGE AGE	chure.							



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3112
Registered No.

BI	RTH NO.			CERTIFICATI	E OF DEATH	7 Registered	
	NAME OF D	DECEASED				2. DATE	
(1)	ype or Print)	Kirby	Ernes	t	-18-25	OF DEATH Marc	h 30, 1952
3.	PLACE OF D	City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, I	
	FULL NAME		al or institut	ion, give street address or	,	Maryland	Deroit admission,
HC	SPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
		St T	seph's		1	Raltimore 7=	township)
			And Iwi	/ U Yrs.	D. STREET ADDRE	Raltimore SS (If rural, give location)	
c.	Length of s	stay in Baltimore		Mos. Days		1210 E. Oliver St	
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	N Under 1 Year If Under 24 Hours
	7.6	W.		rried (Specify)	May 23rd,	1881 last hirthday)	fonths Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF
rork		of working life, even if retired)	Bui	lding INDUSTRY		7-7-11	WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MA	Baltimore	000000
		hard H. Kir	hv			. McComas	
15			-	1 10 0000		· MICOUNIAGO	
Yes	My Or nurnown)	EO EVER IN U. S. ARMEC (If you, give war or dated	of service)	Noffeurity No.	Mrs Grace	H. Kirty 121	OE. Oliver St
	(This does	SE OR CONDITION LEADING TO DEAT s not mean the mode oure, asthenia, etc. It mean	TH f dying, e. j	s., (A)Ari	teriosclerosi	s, generalized	ONSET AND DEATH
		complication which c					
		ANTECEDENT CAUS	ES				
Z	DISEASE	S OR CONDITIONS, IF	ANY, GIVIN	(B)			*********
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH				
٥	31122112			(C)		***************************************	
RTIFICATION		11					
E I		GIGNIFICANT CONDITION TO THE DEATH, BUT					
Ū		ISEASE OR CONDITION					
4 F	19A, DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO X
EDICAL		DENT WAS UNDER-		ACE OF INJURY (e. g., in			
밀	CAUSE OF						
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I harah	on contifer that I att			ch 29. 105	2 to March 30 , 195	2 that I last easy the
						from the causes and on	
	23A. SIGNA		, 10 76		3B. ADDRESS	from the causes and on	23c. DATE SIGNED
	6-	Coffay	6.	PERSONAL PROPERTY.	Thoo N. Caro	Time St.	March 30, 15
24	A. BURIAL,	CREMA- 248 DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	
TIC	N. REMOVAL (S Burial	Specify		Greenmount			Md.
DA	TE RECEIVE	D BY REGISTRAR			25. HUNERAL DIR		ADDRESS
LC	AR 3 1 1	152 Huntin	gton V	Villiams A	Estramo		N. Charles 3
	VS 150					7	
				51024	All rob Jacon		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3113

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BERTHA	M. DEPSE	CR.		2. DATE OF DEATH Marc	h 28th, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENC A. STATE Md.	E (Where deceased lived, I	
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 4300 Glenarm		n, give street address or location)	c. CITY OR TOWN Baltimore	(If outside eorporate limi	its, write RURAL and give township)
c. Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS		w (
5. SEX 6. COLOR OF RACE female white	7. SINGLE. WIDOWE	MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH Dec. 21,1881	9 AGE (In years)	if Under 1 Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	108. KIND	INDUSTRY	Balto., Md.		12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME William Foos			14. MOTHER'S MAIDE Mary Heinz	N NAME	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Ir. Leonard Dep	pser, 4300 Glen	address arm Ave., Balto
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	TH of dying, e. g., ins the disease, eaused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED I CAUSING IT 198. MAJOR 218. PLA4 about bome, far	(A) Cerel (B) Cerel (B) Cerel (C) Feration for the control of the cerel (C) Feration for the cerel (C) Ferati	artend hy a Cataract ATION a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	INTERVAL BETWEEN ONSET AND DEATH 12 hrs 20. AUTOPSY? YES NO Egive exact location)
21D. TIME (Month) (Day) (Year OF INJURY) 22. I hereby certify that I attached a line on 3/28 23A. SIGNATURE 24A. BURIAY. CREMA: 24B. DATE	tended the c	nd that death occurr	3/28, 1954 to rcd at 4'5 Pm., fro 38. ADDRESS 633/ Below	2/20	3 29 JUL
barial Mar. 31,1 DATE RECEIVED BY LOCAL REGISTRAR VS 150	952]	Loudon Park C	emetery 25. FUNERAL DIRECT	Balto., Md.	ADDRESS 7401 Belair Rd

before admission)

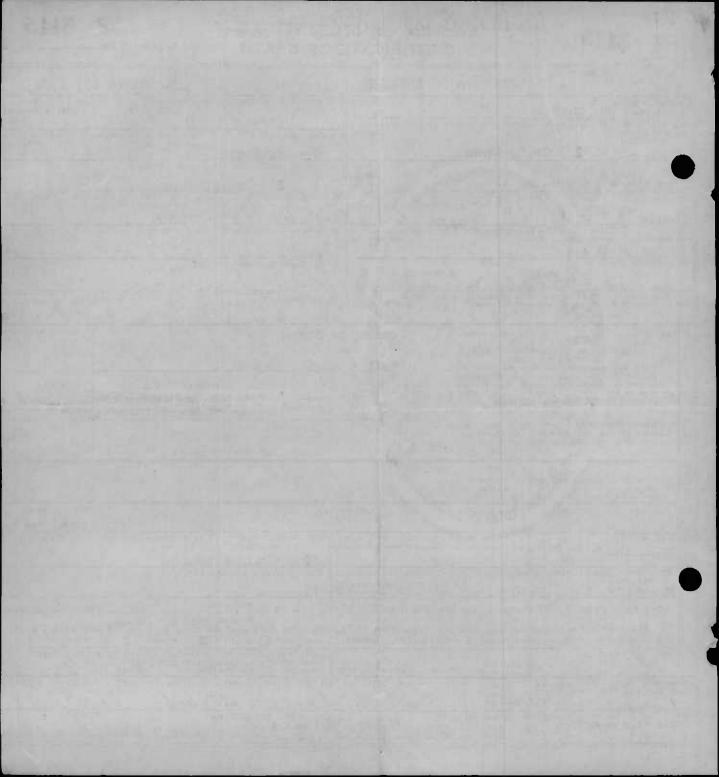
WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY NO X YES (If in Baltimore City, give exact location) CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILF AT WORK 1952 to March 28 22. I hereby certify that I attended the deceased from March 26 . 19_52that I last saw the deceased alive on March 28, 19 52, and that death occurred at 1:10a m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE March 28 71,00 N. Caroline Street 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county 24B DATE TION, REMOVAL (Specify) 10 APDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

b 7

5		E OF DEATH Registered No.
	NAME OF DECEASED ALICE R. KNEAVEL	2. DATE OF DEATH March 27, 1952
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF The first in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
	OSPITAL OR location) NSTITUTION 5203 Craig Avenue	c. CITY OR TOWN (If outside corporate limits, write RURAL and given baltimore 27-/0 township
0	Yrs. Mos. Length of stay in Baltimore Days	b. STREET ADDRESS (If rural, give location) 5203 Craig Avenue
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
11	OA. USUAL OCCUPATION (Give kind of kone during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED/FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 5203
ATION	DISEASE OR CONDITION DIRECTLY	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., bome 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., home 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY March 27, 1952 2:30 P. m. WHILE AT WORK AT WORK	5203 Craig Avenue ED 21F. HOW DID INJURY OCCUR?
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	Autopsy Inspection or Inquiry thereon and from Inquiry, find that said deceased died on the day stated above \square , accident \square , suicide \square , homicide \square , undetermined \square .
7 TI	23A. SIGNATURE LOUIS AND LESS	238. CHIEF MEDICAL EXAMINER
DL	ATE RECEIVED BY RECISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR S305 Harkord P
	5 151 N 862. 4	1 V



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BALTIMORE CITY HEALTH DEPARTMENT

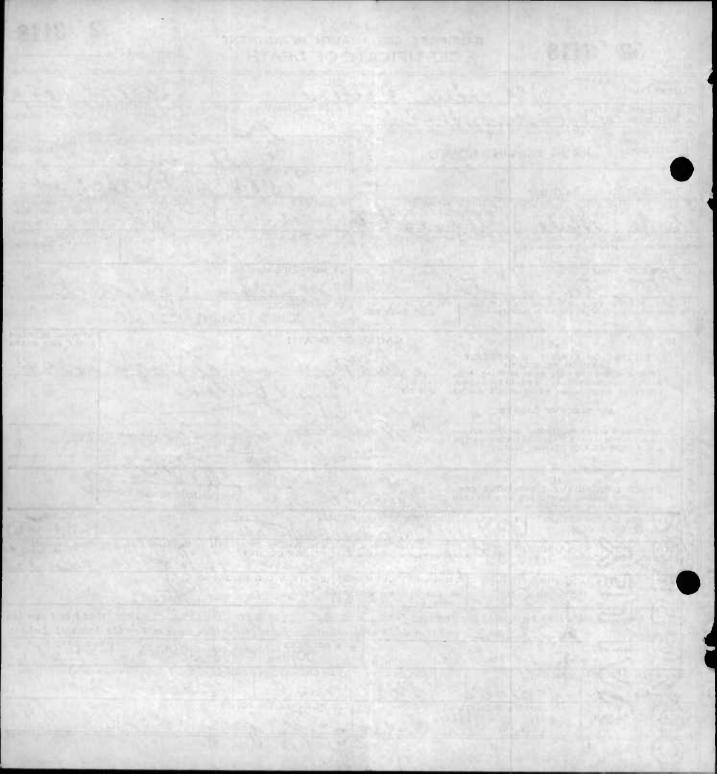
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BIRTH NO. CERTIFICATE OF DEATH	Registered No.
1. NAME_OF_DECEASED \ 2. DA	TE Manual 1917
	ATH /NOUV/1932
	. COUNTY before admission
1 11	corporate limits, write RURAL and giv
601 SI. VONSTANS RD. BALIO.	township
c. Length of stay in Baltimore 40 VRS Mos. Days 607 St.	NOTANIS DAND
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8, DATE OF BIRTH 9. AG	E (in years H Under Year H Under 24 Hours t birthday) Months: Days Hours: Min
MAKRIED OCI. 9, 1880 C	53
10A. USUAL OCCUPATION (Give kind of working life, even if retired) Work done during most of working life, even if retired) INDUSTRY INDUSTRY	ountry) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	0.5.
PHILLIP B. LEWIS MARY CUNNI	GHAM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
18. 5264 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	5yc
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Juliusuary Luske	mena 8 m.
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	01
UNDERLYING CONDITION LAST. (C) (C)	sherel?
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Ba	ltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR?	minore only, give exact location,
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	JR?
m. WORK AT WORK	
deceased alive on the stended the deceased from the cause of the deceased at t	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
24A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CHEMATORY 24D. LOCATIO	ON (City, town, or county) (State)
BUKIAL 3-31-1952 DRUID RIDGE PIKESY	ILLE MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
MAR 3/1952 Huntington Williams MARH. W. JENKINDE SC	MS 10. 4905 JORKE
VS 150 58374	4

DR. VOLHER

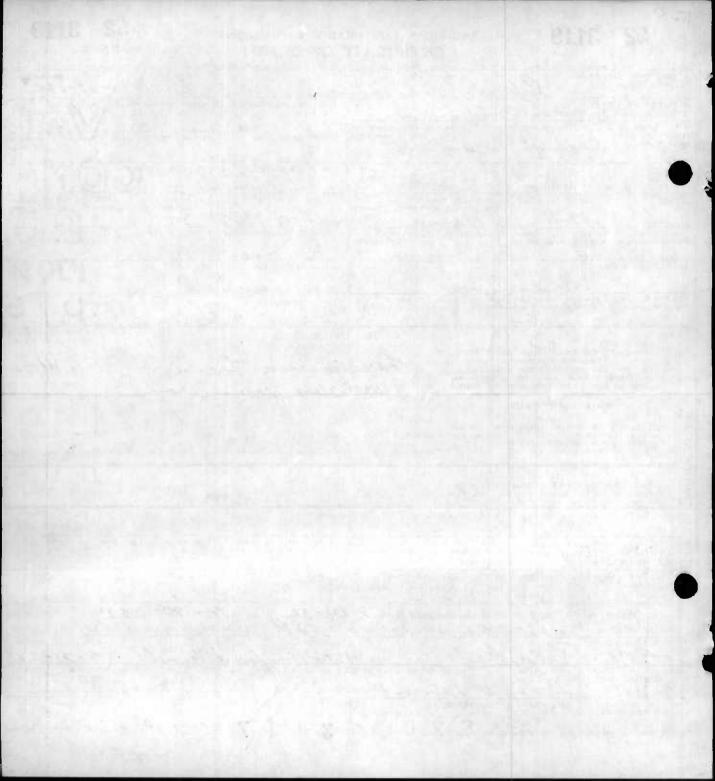
	Med. Ex. Case. Rele	eased to toke 52 3118
BI	0 60 9440	E OF DEATH Registered No.
1.	NAME OF DECEASED Type or Print) Martin Pol	tea) 2. DATE OF DEATMAN 28, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland Aug Half FULL NAME OF (If not in Asspital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)
H	OSPITAL OR JOHNS HOPKINS HOSPITAL	
C	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural give location)
2	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify DA. USUAL OCCUPATION (Givekindor) 108. KIND OF BUSINESS OR	8. DATE OF BIRTH 2-16-19 11. BIRTHPLACE (State or foreign country) 9. AGE (In years li Under 1 Year Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	k done during most of working life, even if retired) NAME 3. FATHER'S NAME	WHAT COUNTRY?
	Martine Polley 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	martha Pritchett
(Y	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Pegre Burns of Thigh one Month.
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
CERTIFI	TRIBUTING TO THE CEATH, BUT NOT RELATED	CHIEF OR ASST. MEDICAL EXAMINER.
EDICAL	21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm factory, street, office bldg CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location) in the control of the control o
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY 2 - 8 - 52 m. WHILE AT NOT WHILL AT WORK	506 S Bettel Street
	22. I hereby certify that I attended the deceased from 3 deceased alive on 3 2 3 and that death occurred as SIGNATURE	23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 23C. DATE SIGNED
2	24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMET ON REMOVAL (Specify) 3-31-53	
I L	DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR Huntington Walliagens With	Lelly + Zeiler - 403 8- Wallet
	Till Nappior by med. E	K) C

correc



City # 1.

BIRTH NO.								
1. NAME OF D (Type or Print)	ECEASED Ed	gar Fran	Klin Da	rvisi		OF ME	r-30-	1952
3. PLACE OF D	EATH: City, Maryland	Parkdole a	Eve.	4. USUAL RESIDE	ENCE (Where	deceased lived. B. COUNTY		residence ore admission
B. FULL NAME	OF (If not in hospit	al or institution, give	street address or	Virgin	ia	V-	43	
HOSPITAL OR	N. 10. 0)	location)	C. CITY OR TOWN	(If outsi	de corporate li	mits, write RU	RAL and giv
INSTITUTION	walligh	Mursing A	ome	7.00 1	0 0			township
10.11		7		J. 8681 1	nurch			
		^	Yrs.	D. STREET ADDRE	ESS (If rural,	give location)		
c. Length of s	tay in Baltimore	3 wee	Mos. Days	Firstly C	hurch.			
5. SEX	6. COLOR DR RACE	7. SINGLE, MARI		8. DATE OF BIRTH		AGE (in years)	If Under 1 Year	If Under 24 Hours
200	1.0.1.		ORCED (Specify)	01110		ast birthday)	Months Days	Hours: Min
Male	white	marry	d	3454-19-1	867	84	1	
10A. USUAL OC	CUPATION (Give kind of			11. BIRTHPLACE (S	State or foreign	country)	1 12. CITIZ	EN OF
work done during most	of working life, even if retired)	0	INDUSTRY)/				COUNTRY
	tiria	Jovernm	inh	Ulrains	a			
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME			
),/:0	0.		1/ 4	D-	1		
	uuson	Davis		Vorlenc	U TEll	V.		
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date		OCIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknown)		,	ECURITY NO.	Penn	06.00.	ne	0 11.	
140	none			seursons,	Talls	inurch	, Ulra	ener
18. 154	5 X . 4		CAUSE	OF DEATH				AND DEAT
	SE OR CONDITION	DIRECTIV					DNSEI	AND DEAT
	LEADING TO DEAT	TH	1		1.		,	1//.
(This does	not mean the mode of	of dying, e.g.,	(A) COCC	incua	Leve	AC.,	6.	wo.
injury or	re, asthenia, etc. It mea complication which	ns the disease,	IF TO Dead	0		/		
,,	comprised which	auseu deadai, Di	in perol	recry pe	cina	eny		
	ANTECEDENT CAUS	SES		/ /				
Z			(B)	/				
O DISEASE	S OR CONDITIONS, I	F ANY, GIVING						
RISE TO T	THE ABOVE CAUSE (A)	STATING THE DI	JE TD					
X ONDERE	THE CONDITION CA		(C)			***************************************		
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2	11							
Sales	SIGNIFICANT CONDI							
TO THE D	G TD THE DEATH, BUT USEASE OR CONDITION							
			NCC OF OPER	ATION			1.20	AUTOPSY?
	OF OPERATION O	98. MAJOR FIND	NGS OF OPER	ATION			20.7	AUTOPSY/
<u> </u>		74-11-1-1					YES	ND L
	ENT WAS UNDER-		INJURY (e. g., in			Baltimore Cit	y, give exact	location)
	R CONTRIBUTING	about home, farm, facto	ry, street, office bldg., e	(c.) INJURY OCCU	IR?			
S CAUSE OF								
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. IN	JURY OCCURRE	D 21F, HOW DID	INJURY OC	CUR?		
OF INJURY		WHILE AT	NOT WHILE					
		m. WORK	AT WORK					
22. I hereh	y certify that I att	ended the deceas	ed from 3.	14-52 19	(to 3 -	30 - 19	5 2 that 11	ast sam th
	live on 2.28-							
		_, 19 5_2 _ana th			., from the et	inses and or		
23A. SIGNA	TURE		2	3B. ADDRESS		1	23c. DA	TE SIGNED
1 To. 11	0. 1 ea	al	M. D. 4	508 Hank	and 14	ensel	3.2	11-52
24A. BURIAL,	CREMA- 24B. DATE	24c, NA	ME DF CEMETE	RY DR CREMATORY		ION (City, to	wn, or county)	(State)
TION REMOVAL (S	Specify)	1-0 201	1 20	.100 8	7 00	np	0 11.	
Burial	10012	152 /ain	not Memo	rual Jark	Valle	1 hures	n, Verg	enca,
DATE RECEIVE		S SIGNATURE //	TELLA ALTE	25. FUNERAL DIR	RECTOR		ADDRES	S
LOCAL REGIST	RAR Turta	uglor I valu	Alle Age	1- 101	he .	1. 1.0	1,1 h	100
MAR 311	957	10 6 9	G A A	1311211-11	Towen L	0.,108	10.11021	n une
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VS 150								



300 BALTIMORE CITY HEALTH DEPARTMENT 3120 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR ecation' C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION un one D. STREET ADDRESS Yrs. (If pural, gige location) BIUS 512 c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years If Under | Year | If Under 24 Hours | Manths: Days | Hours | Min. If Under I Year Min 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME undayor 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, 30 or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

YES (If In Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

WHILE AT NOT WHILE!

22. I hereby certify that I attended the deceased from.

deceased alive on_

190 to 2. 19 That I last saw the 25 19 and that death occurred at 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

OF INJURY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

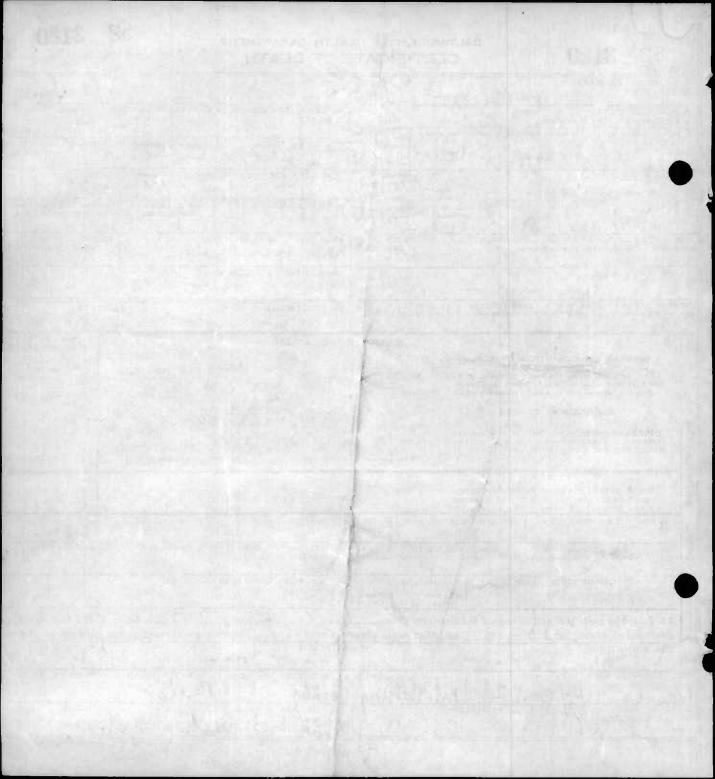
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20. AUTOPSY



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3121

Registered No.

BI	RTH NO.	0 30 and 20					
1. (T	NAME OF Di	ECEASED Zu	Mae 1a John	lson		2. DATE OF DEATH 3-2	9-1952
B. HC	FULL NAME	ity, Maryland	al or instituti	on, give street address or location)	4. USUAL RESIDENCE (A. STATE Maryland C. CITY OR TOWN (I	B. COUNTY	institution: residence before admission)
IN	STITUTION	4940 Eastern			Baltimore	26-	03 township)
c.	Length of st	tay in Baltimore	73	Yrs. Mos. Days	b. STREET ADDRESS (III	rural, give location)	13
	F	6. COLOR OR RACE	Wide	MARRIED, ED, DIVORCED (Specify)	S. DATE OF BIRTH June 3-1882	9. AGE (In years last birthday)	f Under 1 Year on the Days Hours Min.
10 work	done during mosto housew.	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or : Virginia	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	David Flipp	in		14. MOTHER'S MAIDEN N	IAME	
15 (Yes	, no or naknown)	D EVER IN U. S. ARMED (If yea, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMABAltime Records: 4940 Ea	re City Hospa stern Ave.	Q176 5
	(This does	E OR CONDITION LEADING TO DEAT not mean the mode o	H f dying, e.g	Metastatie Carcin	of DEATH	Jaundice	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	heart failur injury or DISEASES RISE TO TI UNDERLY	72.					
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
EDICAL		7		FINDINGS OF OPER		(Is in Polising City	20. AUTOPSY?
(EDI	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	21C. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
	F INJURY	Month) (Day) (Year)		WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	deceased al	ive on 3-29-	ended the , 19 52,	deceased from 3-2 and that death occur	red at 12.3h., From	-29-, 195 the causes and on t	2, that I last saw the he date stated above.
	23A. SIGNAT	URE S.	Us	Ser M. D.	38. ADDRESS 4940 Eastern Aye	.,Balte.,Md.	3-29-1952
TIC	Removal (S	mar.31,1		rvington Bap.		ngton, Va.	, or eounty) (State)
	AR 3 1 19		SIGNATU	RF I	25. FUNERAL DIRECTOR Schilmune k Funera 2601-3-5 E Madi		ADDRESS
	VS 150		()				

BALTIMORE CITY HEALTH DEPARTMENT

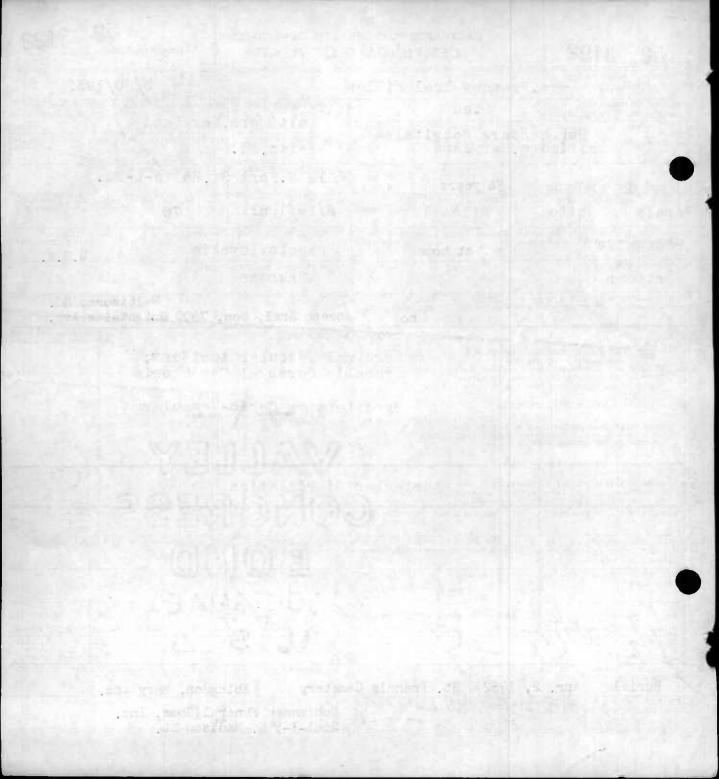
Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE 3/30/1952 (Type or Print) mrs. Frances Kfal Hillen DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Yes Baltimore, Maryland A. Baltimore City, Maryland A. STATE before admission) Bon Secours Hospital location)
Baltimore, Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto, Md. St, Balto-5-Md 613 N.Port Mos. c. Length of stay in Baltimore 54 years Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5/19/1881 9. AGE (in years last hithday) Months Days Hours Min. WINDOWED BINORCED (Specify) Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Czeckoslovakia at home U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimores Md. (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. Joseph Kral, son, 7600 Brightside Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Vascular Accident: LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Probable Cerebral Thrombosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Hypertensive Cardo-Vascular FICATION Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Auricular Fibrillation Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY CAI 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) F INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that Hattended the deceased from deceded all or 938/5 25 7m. from the cluses and on the date spated above. and that death occurred at 3C. PATE SIGNED 244 BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or jounty, (State) Apr. 2, 1952 Burial St. Francis Cemetery Abingdon, Maryland,

DATE RECEIVED BY LOCAL REGISTRAR VS 150

BEGTSTHAR'S SIGNA June

25. FUNERAL DIRECTOR Schimunek Funefal Home, Inc.

ADDRESS



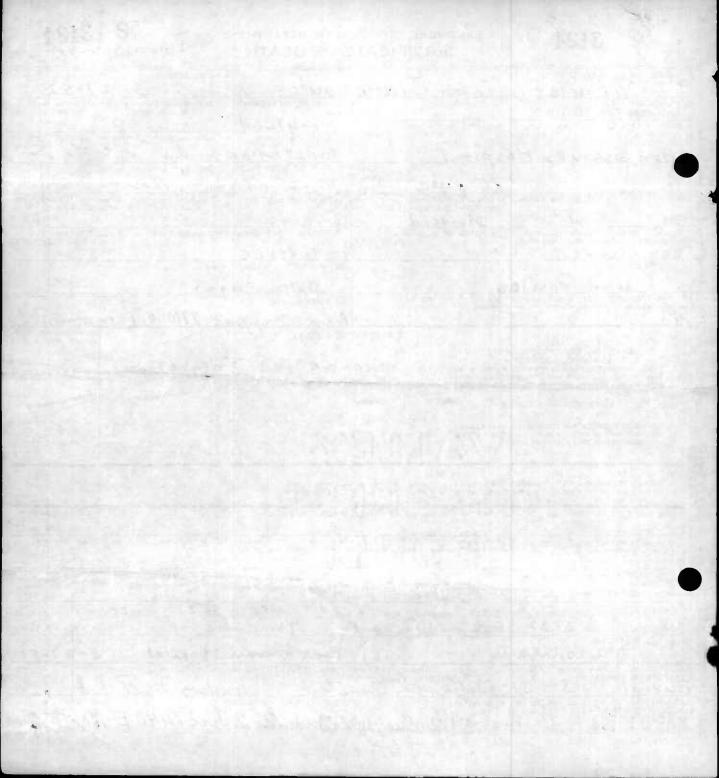
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130	52/	2133 (00	BAL	TIMORE CITY AT		ENT	6	2 3122
В	IRTH NO.	03.20		CERTIFICAT	e OF DEATH	1 1	Registered No	0.123
	NAME OF D.	ECEASED 5	tella	E. JARA	ELL- Nystro		TE 3.2	8.1952
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDEN		ceased lived. If in	stitution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	ai or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside	corporate limits,	write RURAL and giv
	STITUTION	linai 1	forfu	ital	Balti	mod	7-0) 2 township
		tay in Baltimore		years Yrs. Mos. Days	6.30 1	1. mi	lton a	
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED DIVORCED (Specify)	6.15. 188			ths Days Hours Min
		CUPATION (Give kind of I working life, even if retire)		of Business or INDUSTRY Sinai Hosp.		ate or foreign c	untry) 1	2. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N		0		14. MOTHER'S MAIL	W.	unknown	
		D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			DRESS Balto.M
(Ye	n, no or unknown) NO	(If yes, give wer or dete	of service)	SECURITY NO.	Wm. F. Jarre:	ll, son,		
	(This does heart failu	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of	rH f dying, e. g ns the diseas	e, (A) Inter	of DEATH	Cempirka	ze,	ONSET AND DEAT
-		ANTECEDENT CAUS	SES					DW
TION	RISE TO T	OR CONDITIONS, IN	STATING TH		C	ERTIFICATIO	M-APPROVE	J. D.I
CA	UNDERLY	ING CONDITION LA	ST.	(C)		1800	whe	M.D.
ERTIFICA		II IGNIFICANT CONDI			of and a la	CHIEF OR ASST	MEDICAL EXAMI	NEX.
S	TO THE DI	TO THE OEATH, BUT SEASE OR CONDITION F OPERATION 11	CAUSING I		PATION	ca [1-1,		20. AUTOPSY?
CAL	- ISA. DATE O	· Of ERATION						YES NO
IEDIC		ENT WAS UNDER CONTRIBUTING	218. PLA	ace of INJURY (e. g., farm/sectory, street, office bldg.,	in or 21c. WHERE DII	2 / m	iction	are.
	OF INJURY	Month) (Day) (Year)	1	21E. INJURY OCCURR	- 1 1 00	INJURY OCCU	R?	
	M	arch 16 175	00 · m.	WORK AT WORK	Type	40	2 152	A7 A 7 1 A A1
22. I hereby certify that I attended the deceased from 3.27, 1952, to 3.28, 1952, that I last say deceased alive on 3.28, 1952, and that death occurred at 6.45 m., from the causes and on the date stated at								
1	23A. SIGNAT	L V OV	h		23B. ADDRESS	· Hos	hetel	3. 29.52.
2. TI	4A. BURIAL, CON REMOVAL (S	CREMA- pecify) 248, DATE	7	24C. NAME OF CEMETE			(City, town, o	
	Burial	Mar.31,		Moreland Memor	ial Park T			more, Md.
	OCAL REGIST		ton W	diaux At ?	Schimunek F	uneral He Madison	ome, Inc.	
	VS 150	N805	λ	690 8	7	18004 0011		

The State of Cook Land . Liveral and . Liveral Ass. St. Second Colors of the State of the S P-420 52 3124

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3124
Registered No.

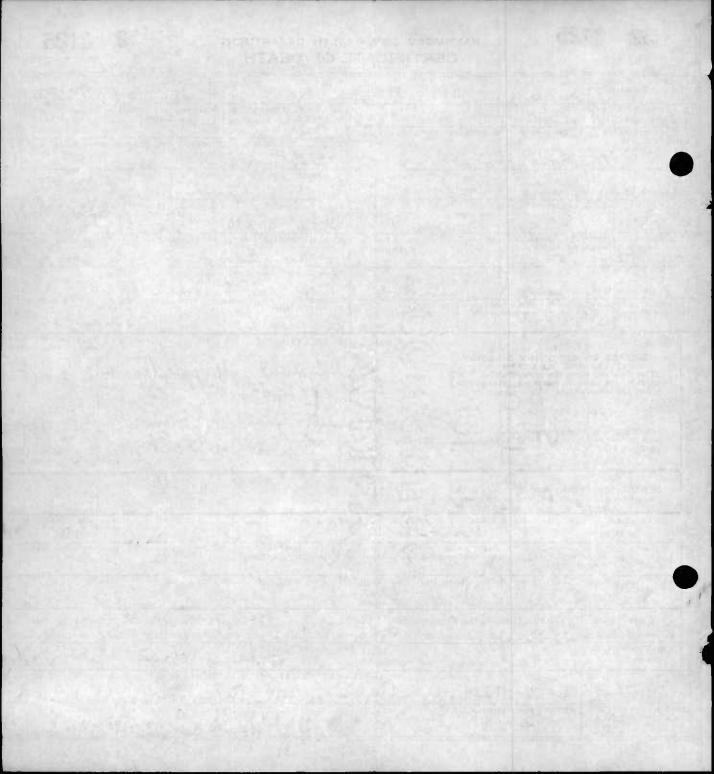
B	IRTH NO.						
	NAME OF C Type or Print)	DECEASED	T 1.	(T.'	poulos.	2. DATE OF	27 52
	PLACE OF I	DEATH:	JOHT	1 Olamo	4. USUAL RESIDENCE	DEATH 3-	
_	Baltimore	City, Maryland	al or institution	give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	OF (II not in nospit	at or institution,	location)		If outside corporate limits	, write RURAL and give
		SECOURS H	ospital	/	BALTIMOR	5 23 2	0-0 20wnship)
	A STATE OF		9	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
-		stay in Baltimore	20 year	Days Days	2742 Kin		
5	SEX	6. COLOR OR RACE		DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mor	Under 1 Year If Under 24 Hours Min.
10	M USUAL OF	CCUPATION (Givekind of	Divor	F BUSINESS OR	3-10-99 11. BIRTHPLACE (State or	53	
WOF	k done during most	of working life, even if retired)	OB. KIND OF	INDUSTRY		Toreign country)	12. CITIZEN OF WHAT COUNTRY?
13	DRU CI				GREECE 14. MOTHER'S MAIDEN I	NAME	
		hn Poul			TAL MOTHER'S MAIDEN	VAME	
15	. WAS DECEAS	ED EVER IN U.S. ARMET	FORCES? 10	6. SOCIAL	17. INFORMANT	ias	DDEEC
(Ye	w, no or unknown	(If yee, give war or date	of service)	SECURITY NO.		5 2710 W.fa	DDRESS
7	1B. 11.7	0 1	4	CALISE	OF DEATH	5 2110 PA. 7Q	INTERVAL BETWEEN
	Tol	SE OR CONDITION	DIRECTLY	CAUSE	OI DEATH		ONSET AND DEATH
		LEADING TO DEAT	ГН	muo	carpial T.	nfaretian	
	heart fail	ure, asthenia, etc. It mea complication which c	ns the disease.	OUE TO			••••
		ANTECEDENT CAUS					
Z			15 15-19	(B)			
TION	RISE TO	S OR CONDITIONS, IN	STATING THE	DUE TO			
Y	UNDERL	YING CONDITION LA	ST.	(C)	***************************************	***************************************	
TIFICA							
2		SIGNIFICANT CONDI					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION		**			
CAL	19A. DATE	OF OPERATION 1	98. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	LYING O	DENT WAS UNDER-		OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, gi	
AE	CAUSE OF	DEATH (Month) (Day) (Year)	(₩) 0.1	IN HIRV ACCURE	50 04- HOW BIB IN HIS		
	OF INJURY	(Month) (Day) (Tear)	WHIL	. INJURY OCCURR B. AT WORK AT WORK	ED 21F. HOW DID INJUR	TY OCCURY	
	22. I herel	y certify that I att	-	-	. 24 1952 to	3-27 , 1952	that I last saw the
	deceased a	live on 3 · 27			rred at 7 .m., from	the causes and on th	e date stated above.
	23A. SIGNA	TURE		2	3B. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL.	Tariollya		м. р.	Bon Secrus		3-27-52
	ON, REMOVAL		1- 00 P	NAME OF CEMELE		LOCATION (City, town,	or county) (State)
1	SUYIA!	D BY DECISTRAD:	S SIGNATURE	reck less	25. MUNERAL DIRECTOR	asos Mill	ADDRESS
L	MAD 2 1 1	RAR 1	instore /	HI O WILL	THE DESTRICTION	100 1140 F.	Nazath Des
=	WHR 3 I	June 1 June	myron 1	williams At	A CAMBRIDA.	mc 470 F	MOEUL BAN
	VS 150	16	U	643	80		
				4 10			



BALTIMORE CITY HEALTH DEPARTMENT

52 3125
Registered No.

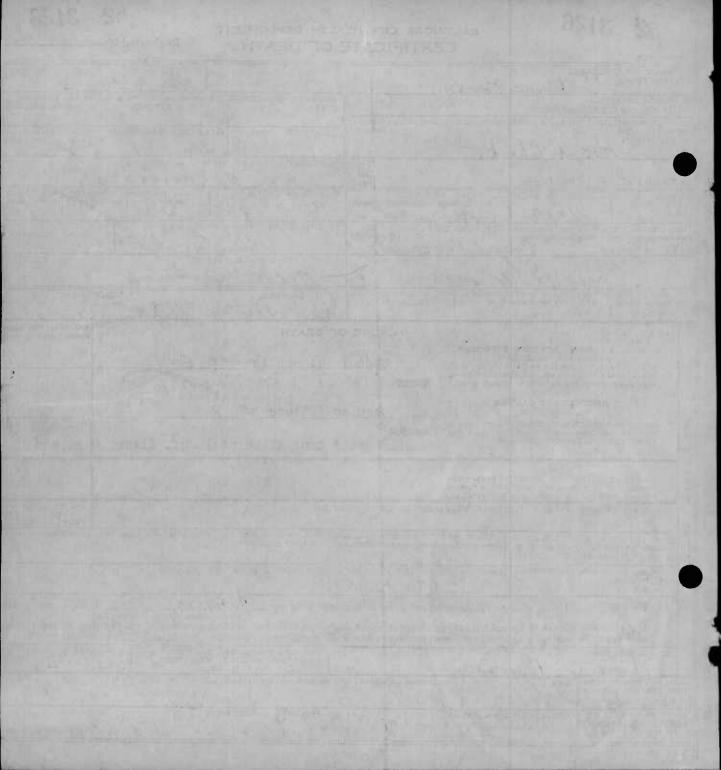
BII	RTH NO.				CERTIFICA	IE OF	- DEATH	-1	negis	seereu 1	10,	
	NAME OF Domesting (NAME OF Description)	DECEASE	senh		Tunko				2. DATE OF DEATH	3	130/	52
A.	PLACE OF D Baltimore	City, Ma		V	<i>y</i>	A. ST		NCE (W			, befo	ore admission)
HC	FULL NAME SPITAL OR STITUTION	OF (I	f not in hospit	al or instituti	on, give street addres locati		TY OR TOWN	(lf e	outside corpor	rate limi	ts, write RU	RAL and give township)
-		me	rey	Hosp	Y:	13 0 ST	REET ADDRE	SS Ulfr	ural, give loc	ation)		*******
c.	Length of	stay in I	Baltimore	li	le Me	s.	04 C	hur	In fa	ne	5	200
5.	SEX	6.COL	OR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Spe	18. DA	TE OF BIRTH		9. AGE (In last birth	years Maday) M	ff Under 1 Year onths: Days	Hours: Min.
10	M		W	m	rarried	1	2e 3	1907	43			
work	dooeduring most	of working li	ON (Give kind of ife, even if retired)	10B, KIND	OF BUSINESS OF		RTHPLACE (S	ate or 101	reign country)	12. CITIZ WHA	EN OF
13	FATHER'S	NAME	plend	120	A G	14. M	OTHER'S MA	IDEN NA	ME 0		1 u	374
ď.	Fran	ris	Joseph	h J	unkes		mary	0	neil			
	WAS DECEAS		IN U. S. ARMED		16. SOCIAL SECURITY NO	17. IN	FORMANT	1			DDRESS	
_			(-				wy	2		a	a alr	n.c
	18. 44	5 X	CONDITION	DIRECTIV	CAUS	E OF DI	EATH					AND OEATH
		LEADIN	NG TO DEAT	ГН		rale	mant	H	upen	ans	un .	3 mo
	heart fail	ure, asther	nia, etc. It mea ation which c	ns the disease	е,	il	aso	temi	4			******************************
		ANTECE	DENT CAUS	ES	0		1				2	
NOIL			NDITIONS, II			1 per	Cension	<u>^</u>	204	1	40	yes
VI			E CAUSE (A)		(C)	July .	wit	0	besil	ty		
FIC					(0)		***************************************	/				
ERTI			ANT CONDI									
S.	TO THE D	DISEASE O	OEATH, BUT	CAUSING I	Г	••••••••						
AL	19A. DATE	OF OPER	ATION 1	98. MAJOR	FINDINGS OF O	PERATION					20. /	No No
DICA	21A. ACCIE		S UNDER-		CE OF INJURY (e. arm, factory, street, office h		IC. WHERE D		in Baltimor	re City,		
mal.	CAUSE OF	DEATH										
	OF INJURY	(Month)	(Day) (Year)		21E. INJURY OCCU	ILECT	IF, HOW DID	INJURY	OCCUR?			
	00 77			m.	WORK AT WO	RK 🗀 📗	1 1062	2 . 7	ad a %()	105	2 .7 . 7 :	
	deceased a		9 /	tended the	deceased from X and that death oc	curred at	9.25 8					last saw the
	23A. SIGNA		10	1	•	238. AD	DRESS	10	4-			TE SIGNED
24	A. BURIAL.	CREMA	24B. DATE	san	M. D. 24C, NAME OF CEM	TERY OR (CREMATORY	240.1	CATION (C	ity, town	or county)	(State)
TIO	PEMOVAL (Specify	4-2-	1952	hour Co	Ala 1	Onsol	25	1000	200	COAN	hin
DA	TE RECEIVE	D BY	REGISTRAR'	SIGNATU	RE VIII ALLA	/ 25. F	UNERAL DIRI	ЕСТОР.	CMCM	-OV	ADDRES	s
11	AR 3 11	952	-1)un	ang o	5 2 0	John	we la	Kul	la 2	820	12K	ed Sons
***	VS 150				690	&C	0		,			
					4	9						



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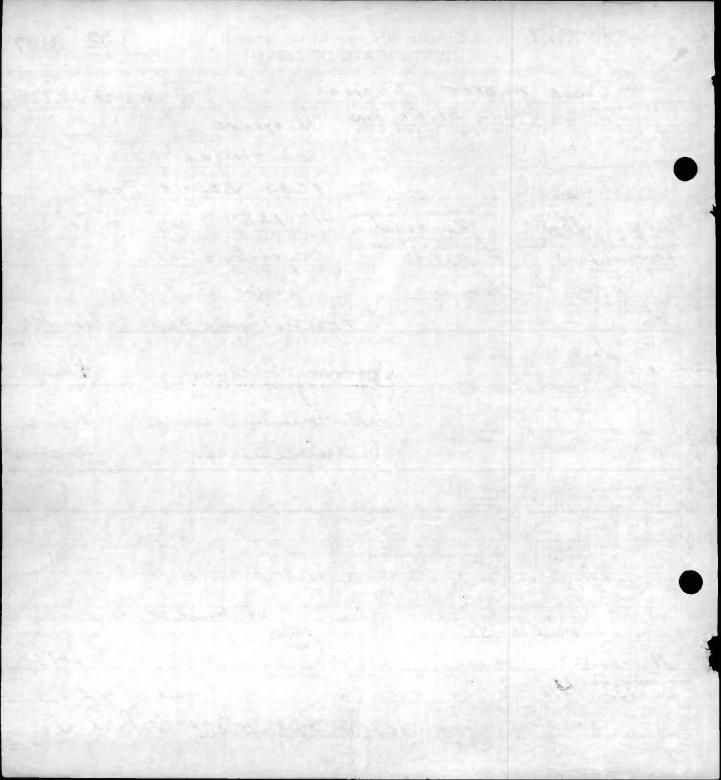
1		FICATE	OF DEATH	Registered No.			
1.	NAME_OF_DECEASED			2. DATE			
(T;	ype or Print) Cutterine Fenton			DEATH 3-29	752		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI				
	FULL NAME OF (If not in hospital or institution, give stree	t address or location)	ma				
	STITUTION /0/3 N. Charles	location)	C. CITY OR TOWN (If C	outside corporate limits,	write RURAL and giv		
	TO THE THE STATE OF THE STATE O	Yrs.	D. STREET ADDRESS (If r	ural, give location)	,		
	Length of stay in Baltimore	Mos. Days		charles -	st.		
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGE WIDOWED, DIVORGE WAS THE	ED (Specify)	8. DATE OF BIRTH		dei 1 Yest H Under 24 Hours hs: Days Hours Min.		
roph	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY		
	FATHER'S NAME	41 744	14. MOTHER'S MAIDEN NA	ME			
	James Q. Myers		nellie a	Dunn			
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L RITY NO.	17. INFORMANT	ADD	RESS		
104	Ha Second		Ina E. FENTON	1013 M. Ch	us. st.		
	18. 3 22 /	CAUSE O	OF DEATH		INTERVAL BETWEE		
		OAOSE (DI DIAM		ONSET AND DEAT		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Chronic alcoholism						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			•••••••••••••••••••••••••••••••••••••••			
	injury or complication which caused death.)						
	ANTECEDENT CAUSES	03:	- 8-13				
2	DISEASES OR CONDITIONS, IF ANY, GIVING	Cardia	c failure	***************************************	***************************************		
5	RISE TO THE ABOVE CAUSE (A) STATING THE MEGA						
2	UNDERLYING CONDITION LAST. (C)	Passiv	e congestion of l	ungs, liver,	& spleen		
FIC							
F	OTHER SIGNIFICANT CONDITIONS CON-						
ER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				<u> </u>		
ַ ט	19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERA	ATION		20. AUTOPSY?		
ادِ					YES NO		
DICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.			in Baltimore City, giv	e exact location)		
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	OCCURRE	D 21F. HOW DID INJURY	OCCUR?			
	OF INJURY	NOT WHILE					
			Auda	1250	12 2 6		
	22. I certify that I took charge of the remains de		Autopsy/1	nspection or Inquiry	thereon and from		
	the evidence obtained by said Autopsy, Inspe	ction or I	nquiry, find that said de	ceased died on the	day stated abov		
	and death in my opinion resulted from: natu	ral causes					
	23A. SIGNATURE.	М.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER	DATE SIGNED		
24	AA. BURIAL CREMA- 24B. DATE 24C. NAME CON, REMOVAL (Specify)			CATION (City, town, or	county) (State)		
7	in REMOVAL (Specify) 4/1/52 Wash	ingto	734	AXIC.			
DA	TE RECEIVED BY I REGISTRAD'S SIGNATURE	141	35. FUNERAL DIRECTOR	A	DDRESS		
L	CARRESOSTERS Tuntington Websall	AB1-, (3)	Brow (2 4 0 - 10	17 St. Pan.	1 et.		
_		*** "4	1 - 001 mc. 2	/ 01, 1 un	C 3/1		
V	S 151	2508	30		1		

35085



BALTIMORE CITY HEALTH DEPARTMENT

47	57	20						
	81	52 RTH NO.	3127		EALTH DEPARTMENT E OF DEATH	Registered No.	2 3127	
	1.	NAME OF DECEA		LBERT THON		2. DATE OF		
	_	0,			I A LISTIAL PESIDENCE (Wh	DEATH MARC		
	A.	Baltimore City,	Maryland 7	632 BELAIR ROAD	A. STATE	B. COUNTY	before admission)	
	H	OSPITAL OR	(II not in nospi	location)		itside corporate limits,	vrite RURAL and give township)	
Aldı				Yrs.	D. STREET ADDRESS (If ru		01	
legi	c.	Length of stay	in Baltimore	Mos. Days	4632 BE	LAIR POR	2	
avd	5.	SEX 6.C	OLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			der Year If Under 24 Hours hs: Days Hours Min.	
rIy	10	A. USUAL OCCUP	Whete ATION (Give kind of	MAHALE CL.	11. BIRTHPLACE (State or fore	63 0	2/ 2. CITIZEN OF	
death clearly	work	done during most of work	ing life, even if retired)	Packet Co	Hagenstour	ned.	WHAT COUNTRY?	
th (13	FATHER'S NAME		CONST.	14. MOTHER'S MAIDEN NAM	1E		
dea		Vok	en F.	homas	Louise &	3. Peters		
ss of	(Yes	, moor nokoowo) (II	YER IN U. S. ARME	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	4137 Be	Press Rd	
causes		18. 420,1		CAUSE	OF DEATH	7 0 0 7 102	INTERVAL BETWEEN	
the c		DISEASE O	R CONDITION		0.0		10	
		(This does not heart failure, as	ign	There				
write			plication which					
ase	z		ECEDENT CAUS	(B) Card	in Vascular Dis	esse	2 years	
plea	10	RISE TO THE A	CONDITIONS, I BOVE CAUSE (A) CONDITION LA	STATING THE DUE TO				
:su	CA	UNDERLYING	CONDITION L	(c)	Mensselessi	2	2 years.	
Physicians: please	RTIFI						- V	
hys	Ш	TRIBUTING TO	FICANT COND. THE DEATH, BUT E OR CONDITION	NOT RELATED			H6A6	
	0	19A. DATE OF OF		198. MAJOR FINDINGS OF OPER			20. AUTOPSY?	
ant.	CA			21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If	in Baltimore City, giv	YES NO	
important.	EDI	LYING OR CO	NTRIBUTING [about home, farm, factory, street, office bldg.,		in Daltimore City, giv	e exact location)	
y in		21D. TIME (Mont	th) (Day) (Year			OCCUR?		
=				m. WHILE AT NOT WHILE AT WORK				
specia				tended the deceased from		reh 28, 1952,		
S		23A. SIGNATURE		6, 1952 and that death occu	rred at 19:34,m., from the	causes and on the	date stated above.	
		Michael	l. J.		4636 Belsin A	ood 6 1.	3/28/52	
t ago		NA. BURIAL. CREM		-	,	CATION (City, town, or		
correct	D	ATE RECEIVED BY	REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	Balto. 1	DDRESS	
00	LC	AND 3 1 1957	1-4	tington Williams &		17 St. Pau	/	
	=#	HAIL VILLAVIE	1,000		300000	1		



Jo

causes

See Document File 52-3128

3129

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3129 Registered No.

	NAME OF DE	CEASED HELIA MOSS	GAR	VED		2. DA	FMana	н 19,	1952
	PLACE OF DE		Q pik	VER	4. USUAL RESIDE	NCE (Where dec		stitution ; resi	
B. F			tal or instituti	on, give street address of		(164-: 4-		14 F3 F3 F3 A V	
INS	TITUTION				BALTIMORE		orporate limits, v		and give
	NION ME	MORIAL HOS	PITAL	Yrs.	O. STREET ADDRES		e location)	7	
c 1	Length of st	ay in Baltimore		Mos. Days		THORNE	ROAD		
		6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE	(In years K Uni		nder 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify	AUGUST 15,		birthday) Month	hs Days Hou	irs: Min.
IOA	USUAL OCC	UPATION (Givekindo	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S			2. CITIZEN	
WORK	~	working life, even if retired	-	INDUSTRY	PENNSYLV	ANIA	01000	U.S.A	
13.	FATHER'S N				14. MOTHER'S MAI			0. 3. 7	•
D	ANIEL H.	GARVER			MARIA S	TOUFFER			
15.		D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL	17. INFORMANT	OUFFER	ADD	RESS	
(100,	No	(11 yes, give war of dat	es of service)	SECURITY NO.	MISS ANNA P. C	FARVER	217 HAW	THORNE	KOAZ
T	18. //./ 2	1	4	CAUSE	OF DEATH	1111111111	BALTIMOR	INTERVAL	
	DISEAS	E OR CONDITION	DIRECTLY					ONSET AN	D DEATH
		LEADING TO DEA	TH	CHRONIE	C MYOGAR	DITIE			
	heart failur	not mean the mode e, asthenia, etc. It me	ans the disease		CIIIOOAK	.01113			************
	injury or	complication which	caused death.) OUE TO					
	ANTECEDENT CAUSES								
8	DISEASES OR CONDITIONS, IF ANY, GIVING (B) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVAS CULAR DISEASE							***	
Ĕ	RISE TO TH	E ABOVE CAUSE (A)	STATING TH	E DUE TO	DIOTHSCOLAR	DISEM	35		
U				(C)	***************************************			**	
L.		11							The second second
F	OTHER SI	GNIFICANT COND	ITIONS CON						
S E		SEASE OR CONDITION	CAUSING IT	CHOLELITHIA	1515 AND CHR	ONIC CHO	LECYSTITE	s	
ال	19A. DATE OF	OPERATION /	198. MAJOR	FINDINGS OF OPE	RATION		TOLL	20. AUT	OPSY?
YO -		27, 1952		ITHIASIS AND		HOLECYST		YES	NO V
EDIC		NT WAS UNDER- CONTRIBUTING DEATH	218. PLA	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE DI etc.) INJURY OCCUP		timore City, give	e exact locat	ion)
	210. TIME (Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCU	R7		
	OF INJURY		w w	WORK NOT WHILE					
-	22 Though	andifu that T	m.		IRCH 26 , 1952	to Mages	29 1052	About I to a	A 42
					rred at 4:35 am.,				
-	23A. SIGNAT		e., 10		23B. ADDRESS	jion one cana		23c, DATE	
	Clau	de E. Fr	arish	M. D. 6	Union Memorial	Hospital	Balto.	3/29/5	52.
24/	A. BURIAL, G		1 2	4c. NAME OF CEMET	ERY ON GREMATORY	240. LOCATION	V (City, town, or	county)	(State)
1101	Burias	2 4/1/	52	Woode	awn	Wood	2 laur	Med	
DA	TE RECEIVED		'S SIGNATU		25. FUNERAL DIRE	CTOR	A	DDRESS	
M	AD 2 1 10	59 Hunt	trigton	Williams, My	West Care of	10 1/2/19	St. B.	0 st	
-107	VS 150	1	0	7 5 1	2010	/			
	A2 120								

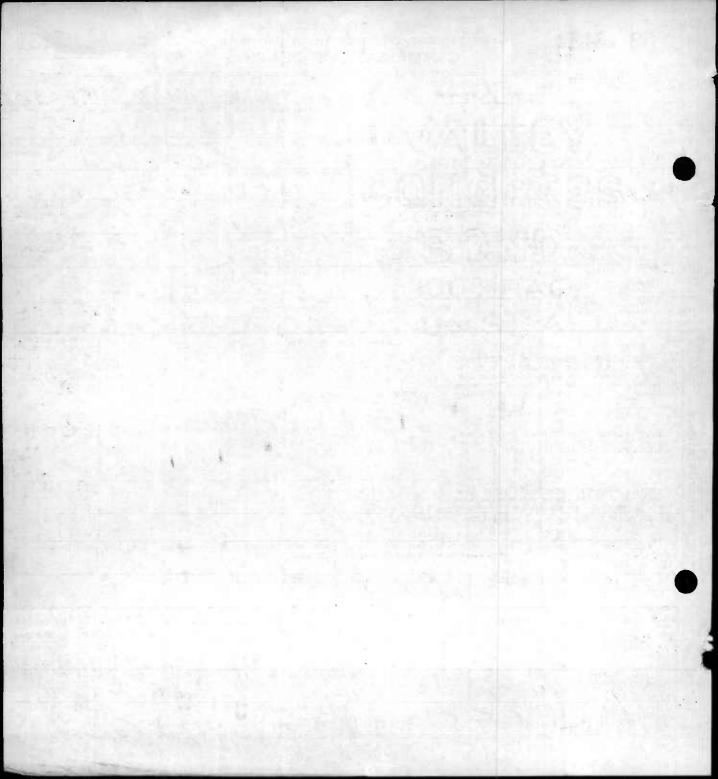
VS 150

See Document File 52-3130 4/7/52 ES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3131
Registered No.

0	IRTH NO.		
	NAME OF DECEASED MISS MARY THEI	RESA O'BRIEN OF 28	MAR 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instituted as STATE B. COUNTY	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	ma	
	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wi	
1	2705 N. Calvert St.	Bact 12.	ownship)
		- CERTIFIC ADDRESS (Maural Sive leastion)	
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	4
-	Length of stay in Baltimore Days	2705 M. alvens	٤/
3.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under last birthday) Months	Days Hours: Min.
1	Esuale White Single	714/18.84 68	
10	A. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
9/	k denp during most of working life, even if retired)	211	WHAT COUNTRY?
	Icrea vecretury Miles-Unditora	na.	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Win O'Brien	Hannah Mc Cumming	55
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	SEGS/
(Ye	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	211. 4200.1 56	03 + +
	2/2-05-3627	Mar gakes U Brien n. Ca	(287) S.
	18. 42011 3 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
-	DISEASE OR CONDITION DIRECTLY		1 ,
	(This does not mean the mode of dying, e.g., (A)	O. COMMON JACKIENIA	3/27/52
	heart failure, asthenia, etc. It means the disease,	a to the transfer of the trans	
	injury or complication which caused death.) DUE TO ON TON	weclerolic C.V.Disease	
	ANTECEDENT CAUSES		
-	ANTECEDENT CAUSES	ioula tilimlali-	
O	DISEASES OR CONDITIONS, IF ANY, GIVING	ruu oo juunon	
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
A	UNDERLYING CONDITION LAST.		
2			
1 =	(C)		
2	OTHER SIGNIFICANT CONDITIONS CON-		
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED		
O	19A, DATE OF OPERATION A 19B, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	
V			YES NO
EDIC	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in HOMICIDE (Specify) about home, farm, factory, street, office bldg., e		exact location)
Ш			
	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK		
	22 I homely contifued at 1 the 12 th 1 the 12 the	March, 1950 to Mar 28, 1952, 11	had I land ones 4h -
	22. I hereby certify that I attended the deceased from	1340	cat I tast saw the
	deceased alive on 2 8 Mar., 1952, and that death occur		
	23A. SIGNATURE 10 2 MM	38. ADDRESS	3C, DATE, SIGNED
	TOREM 16- 11/400 HE M.D.	5 VHEST X 9 14 St. 1300 18. 13	3/28/52
2	4A. BURIAL, CREMA- 2 B. DATE 24C. NAWE OF CEMETE	RY OR GREMATORY 24d. LOCATION (City, town, or o	county) (State)
Tt	ON REMOVAL (Specify) 4/1/2	1. 0 2.04 W	1
_	Buriar 1132 a/hza	Max Deex 10. M	1
D		25. FUNERAL DIRECTOR . AL	DRESS
-	MAD 21 1050 Tuntington Villalle 17	4 Proport med 1212 St P	8 57
-	WAK STISSY /	- 001 m. 12/ 2. Jan	7.
	VS 150	C 1	
	11/1	Le /	



52 3132 3132 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 28, 1952 THEODORE W LOGAN. SR. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) f not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2662 Loretta Davs Avenue 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | f Under | Year | f Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) ept. 28, 7077 Male White HI TOWA 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Politimore, Maryland Charles A. Tourse Gur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ogan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO FOO Tost harles A. Locan. INTERVAL BETWEEN CAUSE OF DEATH 4-20,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rupture of myocardial infarct (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hemopericardium DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB UTING | CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [A, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE Maryland Baltimore, hurial Touton Park Ceretery ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

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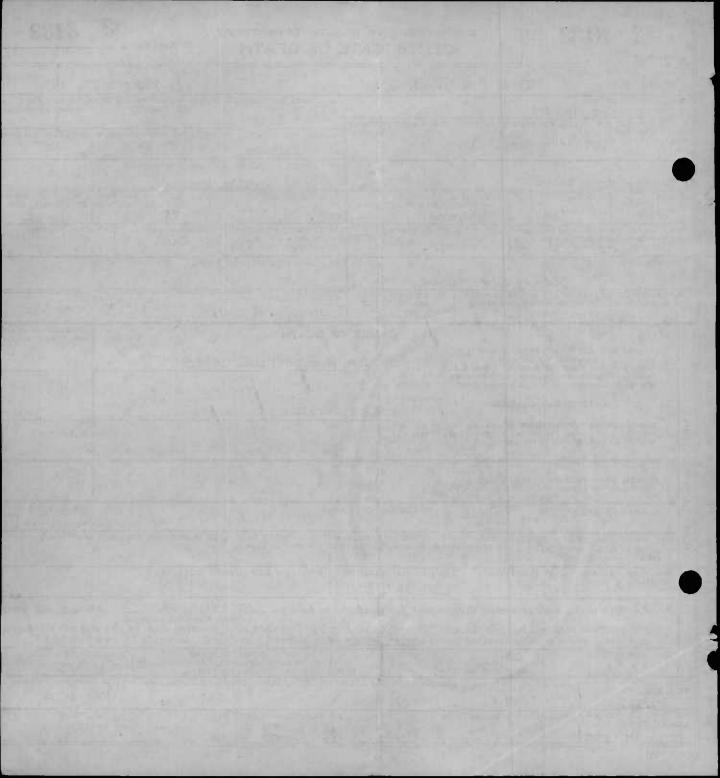
Physicians:

important.

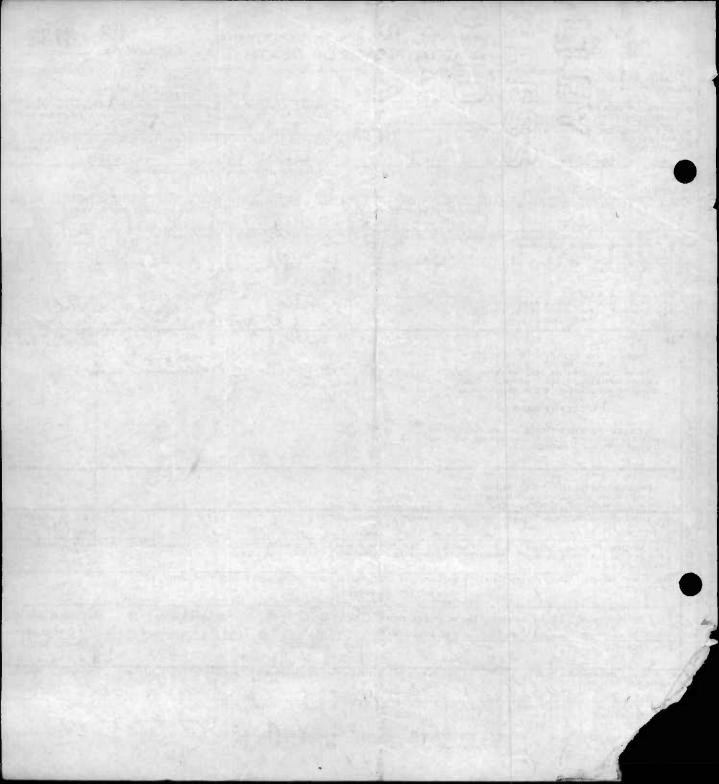
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Paul Streat



60 2 3133 BALTIMORE CITY HEALTH DEPARTMENT 3133 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nm. B. Miller DEATH 3127152 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or anna HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION NY (asadma) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 8. DATE OF BIRTH AGE (In years | N Under | Year | N Under 24 Hours last birthday) | Months: Days | Hours: Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) 12111189 DSIVYE 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) work-done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Dwn Paper Hanger 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or onknown) SECURITY NO. causes 10 CAUSE OF DNSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e. g., Write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION -20. AUTOPSY 19A. DATE OF OPERATION important. -21-52 218. PLACE OF INJURY (o. f., in or 2 M. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED pecially NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 318152 , 19 to 3 27 52 , 19 , that I last saw the deceased alive on 3 2752 19 and that death occurred at 137 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 62186 IC 1213 hight 24C. NAME OF CEMETERY OF GREMATORY | 24D. LOCATION (City, town, or county) HON REMOVAL (Specify) 24B. DATE JREM RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3134

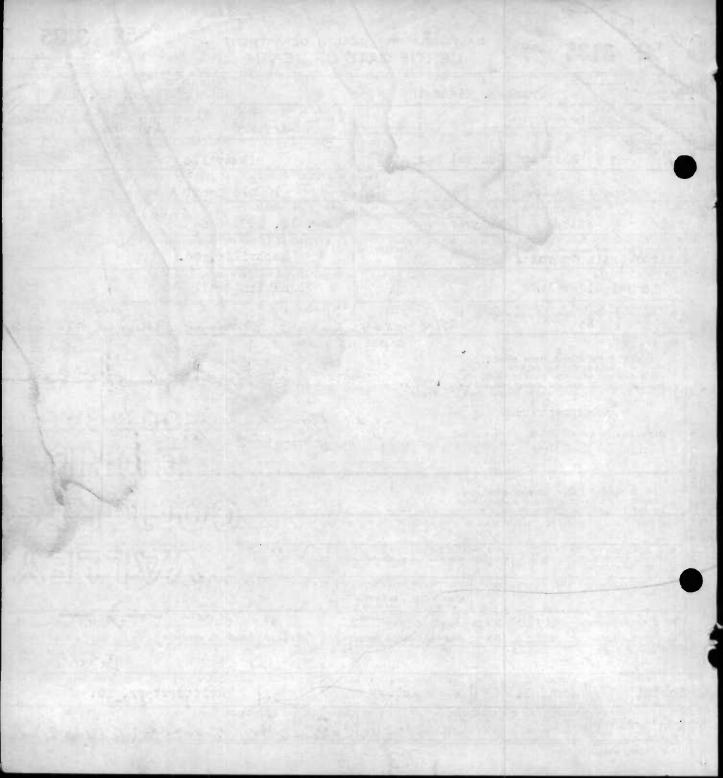
Registered No .-2. DATE 1. NAME OF DECEASED William N. Tilbert DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location (If outside corporate limits, write RURAL and give C. CITY OR TOWN 612 W. FayeTtz O. STREET ADDRESS (If rural, give location) Vrs. Mos. 612 W. Juy E c. Length of stay in Baltimore Days 9. AGE (In years | ff Under I Year last birthday) | Months! Days 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Hours: Min. Divorcea 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work donaduring most of working life, even if retired) INDUSTRY WHAT COUNTRY anhenler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BLOG MGAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO 01-5319 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cardia Deletation LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUE TO The few in lander Fascular Deser ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from Recent 1 2 1952 to Well Hr, 195 2 that I last saw the m., from the causes and on the date stated above. deceased alive on Men 22 195 Land that death occurred at. 23c. DATE SIGNED 23A. SIGNATURE wisman 24A. BURIAL, CREMA, TION REMOVAL (Specify) 24C. NAME OF CEMETERY OF GREMATORY 10-MARAL 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR gree / gang BE 7 18 2 5 5 617

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3135
Registered No.

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	110.		
1. NAME OF DECEASED (Type or Print) Fran	ık E. Widerman		2. DATE OF DEATH Mar of	29,1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		f institution : residence		
HOSPITAL OR INSTITUTION	al or institution, give street address or location) General Hospital	1	outside corporate limi	ts, write RURAL and give township		
c. Length of stay in Baltimore	Yrs, Mos. Days	D. STREET ADDRESS (If	rural, give location)	5300		
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWOT	8. DATE OF BIRTH Aug. 12, 1885		onths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Crain Operator	INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Lemuel Widerman	inst.	14. MOTHER'S MAIDEN N Elizabeth Gi				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or nnknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO. 281-03-0549	17 INFORMANT		ADDRESS		
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be a complete with the complete w	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Station Death (B) Caudla Flocula Anima Waynon Due to about of the property of the ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19		RATION		20. AUTOPSY?		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg.,	a or 21c, WHERE DID () otc.) INJURY OCCUR?	If in Baltimore City,			
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E, INJURY OCCURR WHILE AT NOT WHILE MORK AN WORK		y occur?			
22. I hereby certify that Latted deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- 24A. DATE TION RESIDUAL (Specify) April 1, DATE RECEIVED BY REGISTRAR'S	, 195, and that death occur M. D.			DATE SIGNED Sor county) (State)		
LOCAL REGISTRAR Tunta	ington Williams 14	Frank H:5	Jures (Pikewille, md.		



important.

BALTIMORE CITY HEALTH DEPARTMENT

2 3137

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STA B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, with RORAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural/give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year WIDOWED, DIVORGED (Specify) last birthday) Months! Days Hours! Min. arrica TOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Laponon 14. MOTHER'S MAYOEN NAME 15. WAS DECEASED EVER N U, S. ARMED FORCES? Yes. no. or unknown) (if yes, give war or dates of service) 16. SOCIAL (Yes, no pr paknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK det 195/, to man 27, 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Mar 27, 19 52 and that death occurred at 42 . m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL CREMA-LION, REMOVAL (Specify) 248. REGISTRAR'S SIGNATURE DATE RECEIVED BY

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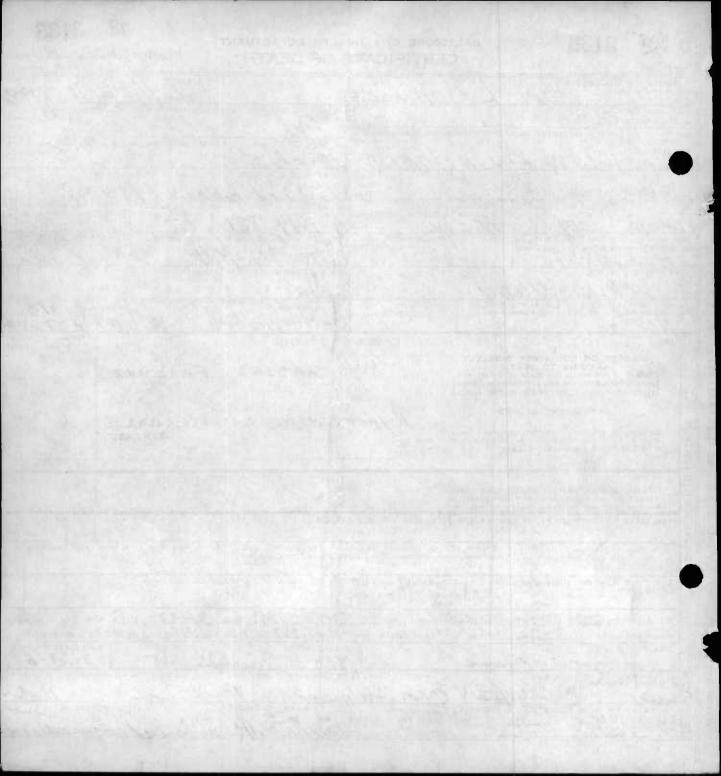
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3138

Registered No_

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate amits write RURAL and give STITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimora Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE the years If Under I Year I Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify dow E (State or foreign 10A. USUAL OCCUPATION (Give kied of 10B, KIND OF BUSINESS OR 12. CITIZEN OF country i work dong during most of working life, eyen If retired) INDUSTR HOUSOWI 13/FATHER'S NAME MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nofor unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OCARDIAL FAILURE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CARDILYASCULAR ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) L. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY V YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 3-10 , 1932, to 3 - 27, 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3-22, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAN CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY mar 36,1952 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECRIVED BY OCAL REGISTRAR



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3139 Registered No.

BI	RTH NO.						
	NAME OF Dype or Print)	. 1	101:-	lestes		2. DATE OF 3	27-52
	PLACE OF D	EATH: City, Maryland	WHLE.	1 A STOR	4. USUAL RESIDENCE	DEATH -	
В.	FULL NAME OSPITAL OR		tal or institution	, give street address of location	/19.		5-4-
IN	STITUTION	24385	Paca	2 St.	24200	20a S.	Bolfor No
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
-	Length of s	tay in Baltimore	7. SINGLE.	Days	18 DATE OF BIRTH	9. AGE (ln years)	If Under 1 Year If Under 24 Hours
	R	4	Wido	D. DIVORCED (Specify	/YOV./7,1892	last birthday)	Months Days Hours Min.
work	done during most	CUPATION (Give kind of working life, even if retired	Canni	NO CO.	WINNS DOP	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME ///		VEG(n)	14. MOTHER'S MAIDEN	NAME	10000
15	ron/c	h 110/6	9		Sarah /	Vitchell	
(Yes	, no or anknown)	ED EVER'IN U, S. ARME (If yes, give war or dat	on of service)	SECURITY NO.	Bentha Ea	ISON Bi	Fond Ave
	18. 57	0,2 , 7	Tall All Sales	CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	Q am	CAIDN S	00 R	400
	heart failu	not mean the mode re, asthenia, etc. It mes complication which	ans the disease,	DUE TD	J. J	a jacut	- 1200
		ANTECEDENT CAU		5	1		
NO	DISEASE	OR CONDITIONS,		(B) Me	senten The	non horis	+ days-
ATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			0
FIC/				(C)			
RTIF	OTHER S	II IGNIFICANT COND	ITIONS CON-	01.			
CEI		TO THE DEATH, BUT		Carte	ensett.		
١		F OPERATION	198. MAJOR F	A 00 D	0 300.0 10.	· 4	. 20. AUTOPSY?
ICA		ENT WAS UNDER-		E OF INJURY (e. g.,		(If in Baltimore City	give exact location)
H	LYING OI	CONTRIBUTING [about home, farn	n, factory, street, office bldg.	etc.) INJURY OCCUR?		
	21D. TIME OF INJURY	Month) (Day) (Year		E. INJURY OCCURR		URY OCCUR?	
				ORK NOT WHILE			
		y certify that I at			24-52 19 to		, that I last saw the
	23A SIGNA	ive on 3-27-5	=, 19, an		ADDRESS .	n the eauses and on	the date stated above
	Henr		rry	M. M. D.	Miserry	Hospital	3-27-52
719	A. BURIAL.		1000 24	ALL S	RY OR CREMATORY 14	LOCATION (City, tow	n, or county) (State)
	TE RECEIVE		SSIGNATUR	NNOS	25. FUNERAL DIRECTO	OR OR	ADDRESS 3226
LC	IAR 3 1 1	PAR Hunking	you I've	waller, as	m 14-10 P11	TV/19	lehender DE

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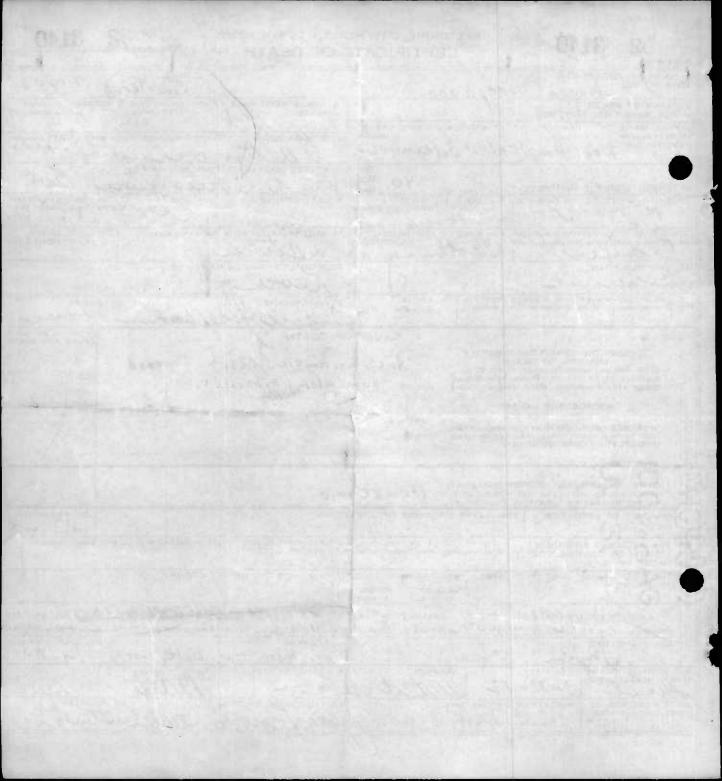
especially important. Physicians: please write the causes of death clearly and eging.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

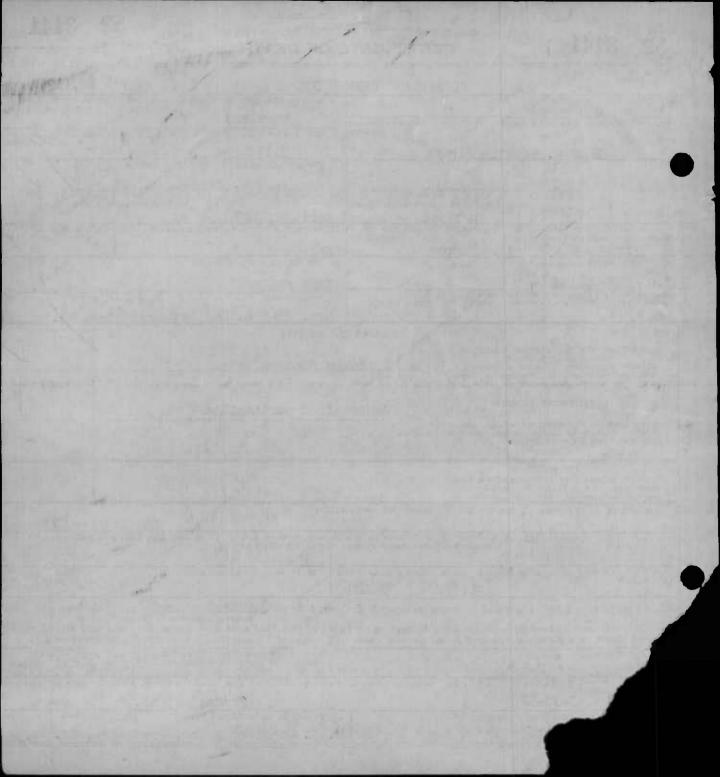
Registered No. 3140

BIRTH NO.									
1. NAME OF DECEASED (Type or Print) Joseph Joseph Son							OF MAN	h 31,195 a	
3. A.	PLACE OF D Baltimore	EATH: City, Maryland	711	2011		4. USUAL RESIDENCE	Where deceased lived, If B. COUNTY	institution: residence before admission)	
B. He	FULL NAME	OF (If not in hospit		1	ocation)	c. CITY OR TOWN (I	f outside corporate limit	s, writ RURAL and give	
		Sindi Hospit	141 041	Saltimore	el m.	D. STREET ADDRESS (15	rural, give location)	Cownship)	
C.	Length of s	tay in Baltimore		40	Mos. Days	420 No CO	llington	i ave	
5.	M	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH		H Under 1 Year H Under 24 Hours onths Days Hours Min.	
10 worl		CUPATION (Give kind of of working life, even if retired)	Clo	OF BUSINESS	OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S I	NAME		1		14. MOTHER'S MAIDEN N	IAME		
(Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17 JINFORMANT	allem A	DDRESS	
	18. 421	0.0	9	CA	USE	OF DEATH	geral at -	INTERVAL BETWEEN	
	DISEA	SE OR CONDITION		1.		h ti ha	t disease		
	heart failu	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g.			icular tibrille			
	injury or	complication which) DUE TO	youp	ICUIGE PEDELLI	F C 7 OH		
7		ANTECEDENT CAUS	SES	(B)					
TION	RISE TO T	S OR CONDITIONS, I	STATING TH	G					
■	UNDERL	YING CONDITION LA	ST.	(C)			***************************************		
LIFIC		11							
ERTI	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	Hem	dtu	rid			
Ū		OF OPERATION / 1		FINDINGS O				20, AUTOPSY?	
AL								YES NO X	
EDIC,	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY			(If in Baltimore City,	give exact location)	
8	21D. TIME OF INJURY	(Month) (Day) (Year	,		CCURR of WHILE AT WORK		Y OCCUR?		
F	22. I hereb	y certify that I at	ended the			-ch 24, 1952, to	Mdrch 31, 193	Sthat I last saw the	
	deceased alive on Morch 31, 19 52 and that death occurred at 1.00 d.m., from the causes and on the date stated above.								
	23A. SIGNA	TURE	Fi.	13-1 46	- 1	Sindi Hospi tal	Baltimore	23c. DATE SIGNED	
2.	244 BURIAL, CREMA- 24B. DATE 24F. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)								
TI	Mural (3-31-	52 1	Muteo	V	eprew	Batto	Med	
L	ATE RECEIVE		SSIGNATU	RE.	XI T	25. FUNERAL DIRECTOR	c 2100 6	ADDRESS O	
=	VS 150	13321	0	TONICAL CONTRACT	1/	3 Ches On	0 3100	7,50	



Jo

aportant,

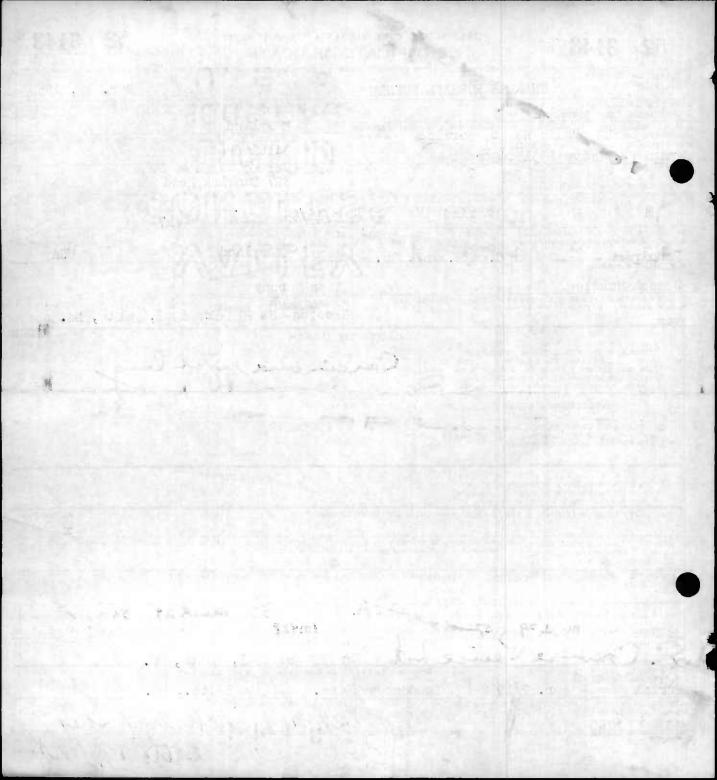


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CERTIFICATE OF DEATH | Registered No. 3143

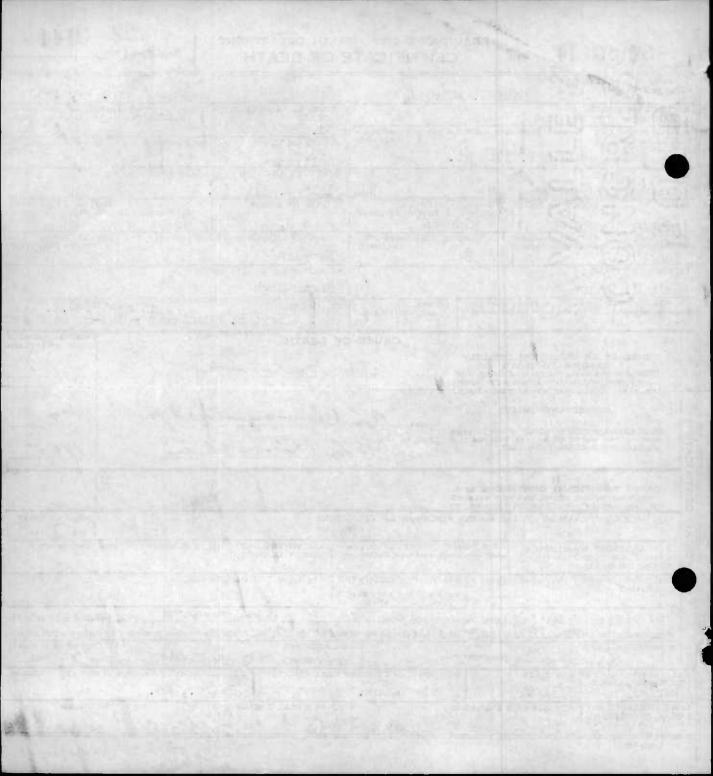
E	IRTH NO.			CERTIFICAT	E OI BEATH	/	
1	NAME OF D Type or Print)		LES RUS	SSELL KUHNLE		2. DATE OF DEATH	lar. 29, 1952
B	FULL NAME OSPITAL OR NSTITUTION	City, Maryland OF (If not in hospit US Public He Hosp	al or institut al th Se ital	ion, give street address or PIVIC	4. USUAL RESIDENCE (1 A. STATE Maryland C. CITY OR TOWN (I Baltimore	Where deceased lived. B. COUNTY Courside corporate lin	If institution: residence before admission) hits, write RURAL and give township
	1.000	Drive & 31s	t Stree	Yrs. Mos.	D. STREET ADDRESS (If 327 Dunki	rural, give location)	8000
	. Length of s . SEX M	tay in Baltimore 6. COLOR OR RACE W	7. SINGLI	Days E, MARRIED, VED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year If Under 24 Hours Months Daye Hours Min.
1	OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
1	Repairma 3. FATHER'S N	NAME	C. &	P. Tel. Co.	Maryland 14. MOTHER'S MAIDEN N		USA
	Joseph K	uhnle			Anna Murphy	AIN E	
(Y	5. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US HIS		ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C) (C)						
U		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL							YES NO
MEDICAL	LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING DEATH Month) (Day) (Year)	about home,	ACE OF INJURY (e.g., if arm, factory, street, office bidg., c	etc.) INJURY OCCUR?		, give exact location)
	DF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from Jan	7 , 1952/to M	herek 29, 19.	54, that I last saw the the date stated above.
	San RIGHA	TURE	10.	0 1 1	38. ADDRESS	D-34- 363	23c. DATE SIGNED
2	4A. BURIAL, CON, REMOVAL (S	pecify)		24C. NAME OF CEMETE		OCATION (City, tow	n, or county) (State)
_	Burial ATE RECEIVE	Apr. 2/	1952	Loudon Park	Cem. Ba	alto., Md.	, ADDRESS
	MAR 3 1 1		you	Villiacus, Ago	Wim. In	clever &	Low
	VS 150		1 3.	540 5A	- 3	Bueto	17, Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3144 Registered No.

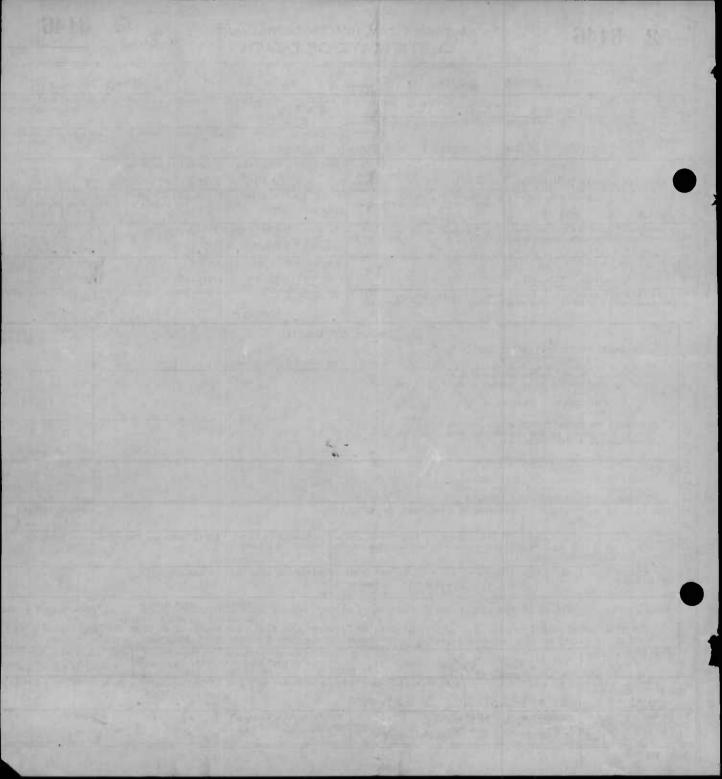
В	IRTH NO.	O-1, 1 -		OLIVIII ICATI	- OI DEATI		
	NAME OF D					2. DATE OF	
<u> </u>			RY C. I	MUSGILLER		DEATH	Mar. 29, 1952
	Baltimore	City, Maryland			A. STATE	NCE (Where deceased live B. COUNT	ed. If institution; residence Y before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write kulkaL and give
r	STITO TION	1416 W.	37th S		Baltimore		township)
	Longth of s	stay in Baltimore		Yrs. Mos.	1116 W. 37	SS (If rural, give locatio	n)
	SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	rs it Under 1 Year it Under 24 Hours) Months: Days Hours Min.
	female	white	wi	dowed	June 8, 18'	78 73	
WOF	k done during most	CCUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	Housewii		At H	ome	Maryland 14. MOTHER'S MAI	IDEN NAME	
	ewis C.				Sarah High	DEN NAME	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		Flush	nadsassn.y.
(10	- unknowa	(11 Jes, give war of dete	a or service)	SECURITY NO.	Mr. Albert	B. Musgiller	ingo55558N.Y. - 143-46 Oake Ave
	18. 50	2.1	9	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Ch	r. mycar	like	1947
	heart failt	s not mean the mode oure, asthenia, etc. It mea complication which o	ns the disea	se,			
		ANTECEDENT CAUS				- V.	
Z	DISFASE	S OR CONDITIONS, 1		(B)	. Carren	matouro Yzhi	us 1941
CATION	RISE TO	THE ABOVE CAUSE (A)	STATING T	HE DUE TO	m. 1300	nalit:	1945-
				(C)			
ERTIFI	OTHER S	II SIGNIFICANT CONDI	TIONS CO	N •			
CE		G TO THE DEATH, BUT					
	19A. DATE	OF OPERATION 1	9B. MAJOF	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	214 ACCU	DENIZ WAS UNDER	218 PI	ACE OF INJURY (e.g., is	or 21c, WHERE D	ID (If in Baltimore C	YES NO Lity, give exact location)
EDI	LYING O	DENT WAS UNDER- R CONTRIBUTING DEATH	ebout home	farm, factory, street, office bldg.,			, , ,
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		INJURY OCCUR?	
			m.	WORK NOT WHILE			
	22. I heret	by certify that I att	ended the	deceased from 200	195		19 £ that I last saw the
	deceased a		, 193 -,		red atm.,	from the causes and	on the date stated above. 23c. DATE SIGNED
	ZSA. SIGNA	Janes 3.	one	M. D.	3600 de her	5 Hgts. are.	3/30/52
	4A. BURIAL,	Specify)				24D. LOCATION (City,	town, or county) (State)
_	Burial 3/31/52 Western Cem.					Balto., Md.	
	ATE RECEIVE		SSIGNAT	Allama Mar	25 FUNERAL DIR	. Fictories	ADDRESS
=	VS 150	· room (] where	7) 19	· Carrier Comments	1	0 -1	mil
		79407510			V	salto	mu.



1	Med. Exam. Case CERTIFICATE CORRECTED 5/7/52 ES	24 45
	BIRTH NO. 2 3145 BALTIMORE CITY HEALTH DEPARTMENT Registered No.	3145
ì	1. NAME OF DECEASEO (Type or Print) VIMAINIA SIMPSON 2. DATE OF DEATH MAR 3 () 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Md.) 4. USUAL RESIDENCE (Where deceased lived, If institution, If i	tution : residence before admission)
	HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HOSPITAL B. FULL NAME OF INSTITUTION (If outside corporation) c. CITY OR TOWN (If outside corpor	it RURAL and give township)
eginiy	c. Length of stay in Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 5/3 N. Central Ave.	
and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 7-5-0/ 3-00 (Specify) 7-5-0/ 3-00 (Specify) 7-5-0/ 3-00 (Specify) 3-50	
eary	MA. USUAL OCCUPATION (Givekind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
eath c	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	,
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17, INFORMANT AODR	ESS ',
causes	16. / / X	INTERVAL BETWEEN ONSET AND DEATH
e tue	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	_
e wri	injury or complication which caused death.) Due to ANTECEDENT CAUSES Primary carcinoma of the ovaries.	
pease	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO and lymph nodes. Peritoneal tumor UNDERLYING CONDITION LAST.	***************************************
ians:	Co implants.	
Physicians:	OTHER SIGNIFICANT CONDITIONS CON- HTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
important	21a. ACCIOENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE OIO (If in Baltimore City, give INJURY OCCUR?	exact location)
ally in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT	
pecia	22. I hereby certify that I attended the deceased from 19, to 19, the deceased alive on 19, and that leath fourred at 60 Hm., from the causes and on the d	
5	23A. SIGNATURE 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23B. ADDRESS JOHNS HOPKINS HOSPITAL	3- 30-62
ect ag	24A. BURIAL, CREMA: 24B. DATE 14C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or compression) 4-2-52 Mt Calvary A. Q. Combin	ounty) (State)
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 3 1952	In. Canho
	VS 150 64386	

See Document File 52-3145 5/7/52 NOT A MESSALE TYAMINER'S CASE a or bil plan let us how When antony frukery the anatomist breater male, and as of tearer of dath

	372	E OF DEATH Registered No.	3146
	1. NAME OF DECEASED (Type or Print) HARRY UNGER (Henry	2. DATE OF DEATH March 2 1 4. USUAL RESIDENCE (Where deceased lived. If insti	
	3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City B. FULL NAME OF If not in hospital or institution, give street address or location) INSTITUTION	A. STATE B. COUNTY Maryland	before admission)
bly.	South Ealtimore General Hospital Yrs.	D. STREET ADDRESS (If rural, give location)	township
and legibly	Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under	I Yaar If Under 24 Hours Days Hours Min.
clearly a	Male White Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) TUNCET San CINDUSTRY Machinist & Gravel Co.	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
death cl	13. FATHER'S NAME Henry Unger	14. MOTHER'S MAIDEN NAME Elizabeth Happel	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	RESS
0	Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	F. Wm. Unger 4122 Parkside	Drive.
s: please write the causes	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
리	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
y important.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., i ebout home, farm, factory, street, office bldg., UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	RED 21F. HOW DID INJURY OCCUR?	exact location)
Cspecially	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	above, held an Dartial autopsy to Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the destar in accident , suicide , homicide , under	etermined [].
श्रद्धा १५	23A. SIGNATURE William Worth 24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	23B. CHIEF MEDICAL EXAMINER	29/52
	Burial April I, 1952 Baltimore	Balto. Md.	DDRESS
50	DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 3 1952 Funting for Williams Alix	Flynn & Flyning 1426 Light	
41	VS 151 5442	-4	VI

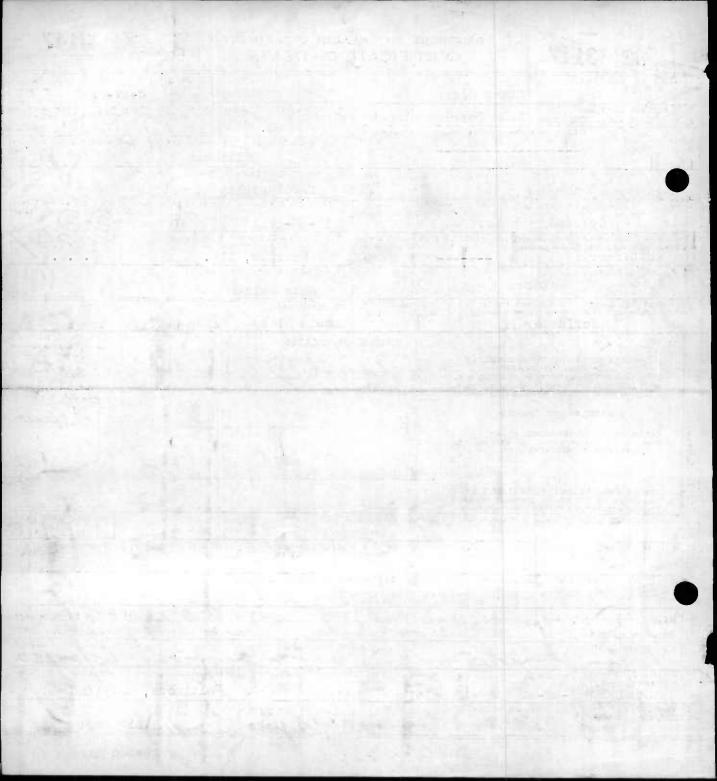


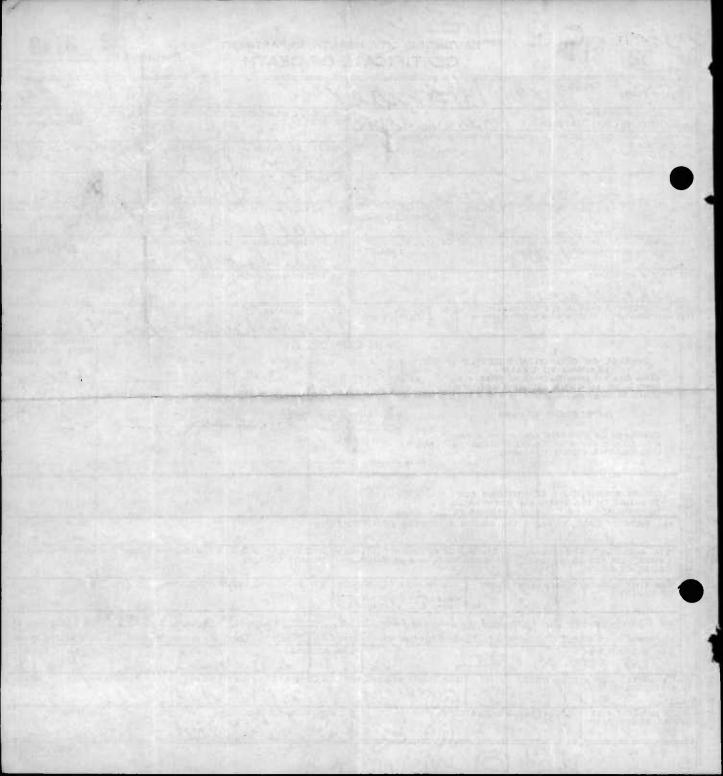
4 50 BIRTH NO. 52 3

3147

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.	3 22						
1. (T:	NAME OF D ype or Print)		omas G]	888		2. DATE OF DEATH 3-2	7-52	
S. PLACE OF DEATH: A. Baltimore City, Maryland 2238 Berclay Street B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Yrs. Mos. Days C. Dength of stay in Baltimore				cclay Street				
					o. STREET ADDRESS (18			
	sex	6.COLOR OR RACE	7. SINGLE WIDOW Marrie	E. MARRIED. /ED.DIVORCED (Specify)	8. DATE OF BIRTH 10-13-1911		N Under I Year It Under 24 Hours Onths Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired) LUGT	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Carlyle, II	A PART VILLA	12. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S	NAME Unknow	n	odd Jaks	14. MOTHER'S MAIDEN N	IAME		
(Ye	. WAS DECEAS , no or unknown) (es	eD EVER IN U.S. ARMEI (If you give war or date World War	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mable Glass	2238 Barclay	DDRESS Street	
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA'S not mean the mode of ure, asthenia, etc. It mes complication which of the complication which of the complication of the ANTECEDENT CAUSES OR CONDITIONS. IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.; ons the disease caused death SES F ANY, GIVII STATING TO	(B)	of death	cerditi`	ONSET AND DEATH	
CE	TO THE	G TO THE CEATH, BUT DISEASE OR CONCITION OF OPERATION A 1	CAUSING		ATION		20. AUTOPSY?	
MEDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., is farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	(If in Baltimore City,	YES NO Z	
	OF INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUF			
TI	deccased a 23A. SIGMA 23A. SIGMA 4A. BURIAL. ON. REMOVAL (CREMA- 24B. DAYE Specify) 3-31-52	s signati	and that death occur M.O. 24C. NAME OF CEMETE Beltimore Na	3B. ADDRESS 23 27- RY OR CREMATORY 240.	tic causes and on the causes a	aryland Address	
=	VS 150	1997	0	1000	1) vegroot	Con Con	n Stroot	

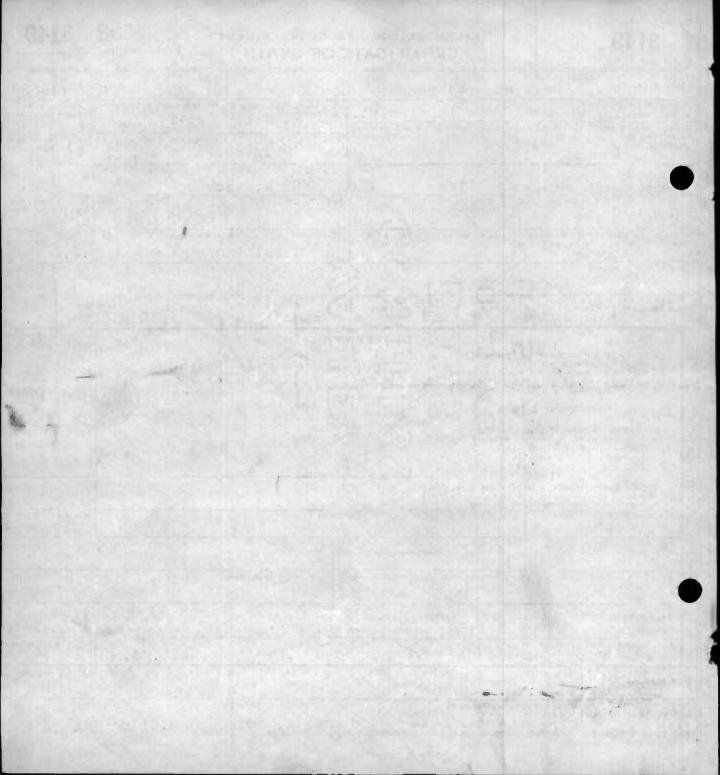




correct agent's especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICATI	OF DEATI	H Wegist	rered No.		
1.	NAME OF DI		Mc Nej	l Thomas		2. DATE OF DEATH	March	29,	1952
3.	PLACE OF DE	EATH.		Stockton St.		NCE (Where deceased I			
	FULL NAME			tion, give street address or	A. STATE Md	Baltim		Deror	e admission)
H	SPITAL OR			location)	C. CITY OR TOWN	(If outside corpora		rite RNR	
8					Balt	imore	10	0	township)
4	1000			Yrs.	D. STREET ADDRE	SS (If rural, give loca	tion)		
Ġ.	Length of st	tay in Baltimore	Li	fe Mos.	722 N.	Stockton			
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		ears H Under		H Under 24 Hours Hours: Min.
	M	C~	M		I890	62			
		CUPATION (Give kind of If working life, even if retired)	10B. KIND	OF BUSINESS OR		tate or foreign country)	12.	CITIZE	N OF COUNTRY?
		orer		Ser.	Bal	timore		U.S.	A
13	. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME			
		John Ti			Sar	ah			
15 (Ye	, WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR		
		Unknown			Blanch Y	oung 81	O N.Ca	arey	St.
	18. 44=	3× . 9	MALE	CAUSE	OF DEATH		106 -		AL BETWEEN
	DISEAS	E OR CONDITION						ONSET	AND DEATH
		not mean the mode of	of dying, e.		gestive Hea	art Failure		2 W	eeka
-		re, asthenia, etc. It mea complication which c							
		ANTECEDENT CAUS							
z	9-11/0	ANTECEDENT CAUS	620	(B)	H.C.V.D			1	?
5		OR CONDITIONS, I							
Y		TING CONDITION LA						1	
FIC				(C)	None				
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CO	N.					
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED					
				FINDINGS OF OPER	ATION			20. AL	JTOPSY?
AL		None		None				YES	No X
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			City, give	exact lo	cation)
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	OF INJURY WHILE AT NOT WHILE								
	00 77 -2	.16 .7 . 7	m.	work L AT WORK L	rch 25 1053	2 to March 29	10 521	7 7	-1 42
	22. I nereb	y certify that I att	ended the	deceased from Mar	5 A	from the causes an			
	23A. SIGNAT		,49) 4		3B. ADDRESS	from the causes an	a on the a	3c. DAT	ESIGNED
	Me	ary / le	00	M.D.	844 N. Care	ey St.Balt.	Md.	3/31/	
2.	4A. BURIAL, S	REMA- 24B. DATE		24c. NAME OF CEMETE		24D. LOCATION (Cit		county)	(State)
TI	Buria		2.195	Mt.Aubur	n	Balto			
	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIR		AE	DRESS	
L	DCAL REGIST		stor !	Velliams 13.	James A Ha	res.638 N.G	ilmon	C+	
#	IAR 3 1 15	352	1 5	40	O AMIO	CD.COO N.G	TTHOI.	26	
	A2.120.6			9709	9				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Eleveleth a. Lanta	2. DATE OF DEATH 2/29/3'2
3. PLACE OF DEATH: A. Baltimore City, Maryland Bellingse Tree	A. USUAL RESIDENCE (Where deceased lived, If institution : residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
3503 Cakwat a	3303 ooknows are Batto mor
c. Length of stay in Baltimore 3 mystks. Mos. Days	D. STREET ADDRESS (If rural, give location) 3503 takmout RA7-18
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under Year If Under 24 Hours last birthday) Months Days Hours Min.
J 11.	all. 79
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work doos during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
relined Gant. U. J. a.	Dalfemore. ma M. S. L.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Santery	Budget. Cookman
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs. Ges Johnson Some
18. 420,1 , 7 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1. 1.
(This does not mean the mode of dying, e.g., (A)	repart occlasion to go
heart failure, asthenla, etc. It means the disease, injury or complication, which caused death.) DUE TO	110-1
ANTECEDENT CAUSES	1 Mice
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	A CONTRACTOR OF THE CONTRACTOR
UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
OTHER SIGNIFICANT CONDITIONS CON-	William Voort
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CHIEF OR ASST. MEDICAL EXAMINER.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	will, 1942 to Tuck 20, 195 othat I last saw the
deceased alive on the the search that death because	
	38. ADDRESS 23c. DATE SIGNED
Mal Kurrer M.D.	Wellenrongen Had son
24A. BURIAL, CREMA- LION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Jurises 41/32 Cashede	al des Frederick To
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 31 1952 Tuntington Williams Ale	01. 1 Jakes Hono 13/9 hight st
VS 150	

NOT A MEDICAL EXAMINER'S CASE

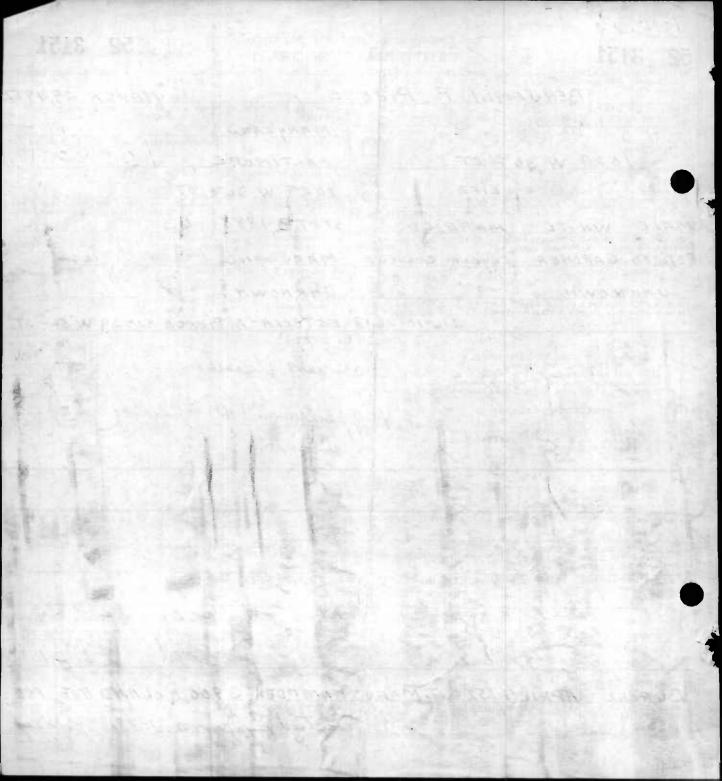
CHIEF OR ASST. MEDICAL EXAMINER

HAVE THE SHEET AND

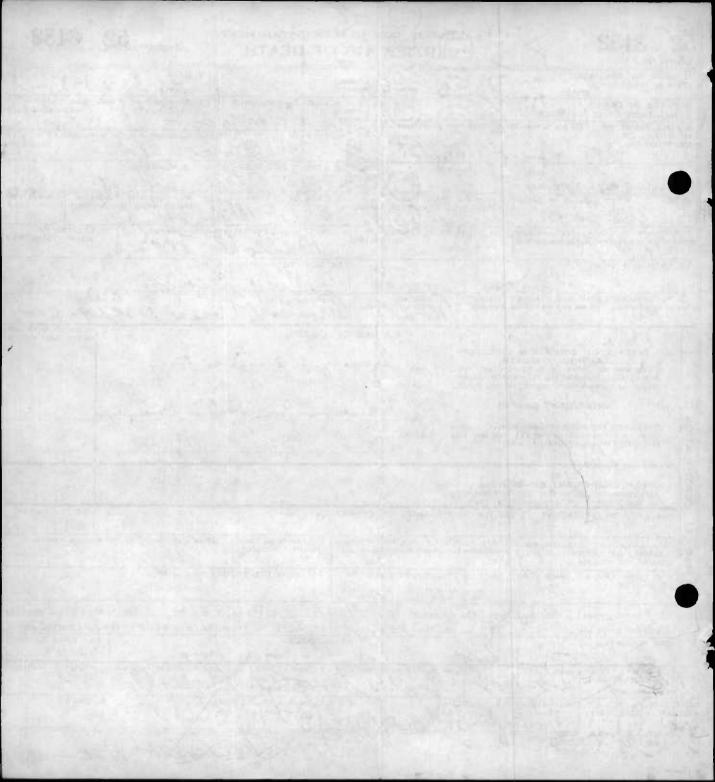
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 20 3151

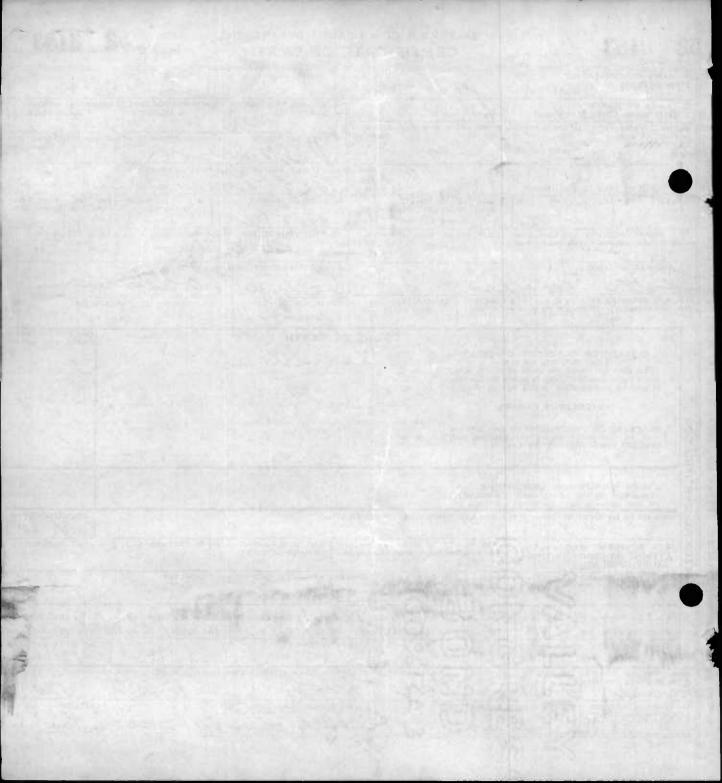
BIRTH NO.						
	F DECEASED		E D:		2. DATE OF	
3. PLACE O	BENUA	AMIN I	F. PIERO	E.	DEATH MAI	CH 29,1952
	re City, Maryland			4. USUAL RESIDENCE (B. COUNTY	before admission)
B. FULL NA	ME OF (If not in hospi	tal or institution				/
HOSPITAL I	N		location)	c. CITY OR TOWN (I	f outside corporate limi	ts, write RURAL and give
	1029 W 30	ST.		BALTIMORE	10	JO G township)
			Yrs.	D. STREET ADDRESS (1	rural, give location)	
Length	of stay in Baltimore	LIFE	Mos. Days	1029 W 36	e 57.	
5. SEX	6. COLOR OR RACE	7. SINGLE, N	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year If Under 24 Hours onths; Days Hours Min.
MALE	WHITE	MARR		SEPT 2 1888	63	onens Days Hours Min
10A. USUAL	OCCUPATION (Give kind o	I 108. KIND O	F BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
PETIRED	most of working life, even if retired		COLLEGE	MARYLAND		WHAT COUNTRY
13. FATHER		ILOYOLA	COFFEGE	MARYLAND 14. MOTHER'S MAIDEN N	IAME	4,5.
					R. Harrie	
15. WAS DEC	EASED EVER IN U.S. ARME	D FORCES? 1 1	6. SOCIAL	UNKNOWN		
Yes, no or unkn	own) (if yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
		d2 /	16-10-7618	ESTELLA . A. 1	IERCE -10	29 W 36 - ST.
18. 4	20.1 9		CAUSE	OF DEATH		ONSET AND DEATH
1	SEASE OR CONDITION		2	· H	1	
(This	does not mean the mode	of dying, e.g.,	(A)	canay Throng	MAN	3-28-75
heart :	failure, asthenia, etc. It me or complication which	ans the discase,		(.		
			, /		201	[PRIVE
7	ANTECEDENT CAU	SES	1 Hu	perliand (1/10	Cardia	0 7
	ASES OR CONDITIONS,		(8)	perlians CV &	••••••••••••••	
UNDE	TO THE ABOVE CAUSE (A)	AST.	DUE TO /	Decoult'		
<u>u</u>			(C)		••••••	
	11	32000				
	R SIGNIFICANT COND					
	E DISEASE OR CONDITIO					
	TE OF OPERATION	19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>						YES NO
21A. AC	CIDENT WAS UNDER. OR CONTRIBUTING	1	E OF INJURY (e. g., i 1,factory,street,office bidg.,		(If in Baltimore City,	give exact location)
S CAUSE	OF DEATH	(Hours) Ott	- INTURY OCCURR	ED 315 HOW DID 114415	V OCCUP?	
OF INJU	ME (Month) (Day) (Year DRY		E. INJURY OCCURR		T OCCURT	
		m. w	EE AT NOT WHILE			
22. I he	ereby certify that I at	tended the de	ceased from Y	-24 , 1950, to_	3-29 ,195	Sthat I last saw th
				red at & Q. m., from		
23A. SIG	NATURE	10		3B. ADDRESS	10,61	23c. DATE SIGNED
Leweny Hunanel M.O. 371' Fall MA 3						
24A. BURIA	AL, CREMA- 24B. DATE	24	C. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, town	n, or county) (State)
BURI		1/52 3	T. MAPUS	HAMPDEN 39	700 ROLAI	VD AVE MA
DATE RECE	IVED BY REGISTRAS	SAIGNATUR		25. FUNERAL DIRECTOR	77 77 77 77 77 77 77 77 77 77 77 77 77	ADDRESS
MAD 2		1/1//	traus 19	Tunting & Man		18 Den 1
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			150	0 V		



11	NA		
	50 2459 BALTIMORE CITY H	SEALTH DEPARTMENT 52	3152
	BIRTH NO. CERTIFICAT	TE OF DEATH Registered No	0100
1	1. NAME OF DECEASED (Type or Print)	2. DATE OF 3-3	30-52
	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If in	
	A. Baltimore City, Maryland // B. FULL NAME OF (If not in hospital or institution, give street address of the control of the c	or mansland	66
	HOSPITAL OR INSTITUTION And Ideal Stall	c. CITY OR TOWN (If outside corporate Umifs,	vrite KBRAL and give township)
CTO1	Yrs.	D. STREET ADDRESS (If rural give location)	
921	ength of stay in Baltimore Days	s 3/39. O Nucktand s	<i>t.</i>
AIV.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif		ths Days Hours Min.
Tearry	10A. USLAL OCCIPATION (Givekind of or November 10B. KIND OF BUSINESS OR INDUSTR		2. CITIZEN OF WHAT COUNTRY
each c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Mary George	
D	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16) SOCIAL		DRYSS /
es o	(Yes, po or (whnown) (If yes, give wer or dates of service) (SECURITY NO.	Charles L. Cooper 3139	Stric pland st
ans	18. 175X CAUSE	OF DEATH	INTERVAL BETWEEN
au	DISEASE OR CONDITION DIRECTLY	and a Comment	
1 201	(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
IM	ANTECEDENT CAUSES	. 0 0 . 0	
ease	Z DISEASES OR CONDITIONS, IF ANY, GIVING	clases from overen Coccurre	
Id :	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
ans	(c)		
SICI	OTHER SIGNIFICANT CONDITIONS CON-		
ru3	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?
٤	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION	YES NO Z
portar	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		ve exact location)
E I	Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
any	m. WHILE AT NOT WHIT	кЬІ	
especia			, that I last saw th
Sp	deceased alive on 3/30, 1952 and that death occ	urred at 5 A. m., from the causes and on th	e date stated above 23¢. DATE SIGNED
5	Ses V. Lens V. M.D.	St. agnes Hosp.	3/30/52
ct ag	240 BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) 4-2-197 apla	TERY OR CREMATORY 240 LOCATION (City town,	or county) (State)
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 HONERAY DIRECTOR Walte	ADDRESS
	MAR 3 1 1952 Tuntington Villa Bush Mil		2
	VS 150	9514 Willey of the	75



NI	-	620		
	52	3153 CERTIFICA	TE OF DEATH Registered No.	3153
	1.	NAME OF DECEASED Sirl Meyers	2. DATE OF 0F DEATH	152
	Α.	PLACE OF DEATH: Baltimore City, Maryland Balts Md.	A. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address location structures) STITUTION STATE HOSPITAL REPRESENTATION STATE HOSPITAL REPRESENTATION STATE HOSPITAL REPRESENTATION STATE HOSPITAL REPRESENTATION REPRESEN		rite RURAL and give township)
		ength of stay in Baltimore 4 Day	58 3822 Treewsprin	g ave
	5/	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	3/27/52	Days Hours Min.
		A. USUAL OCCUPATION (Give kind of dome during most of working life, even if retired) INDUST		WHAT COUNTRY?
	13	ester Meyers	6 velyw osma	2
	15. (Yes.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? B. no or unknown) (If you, give war of dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT VISICIA MD. Sin	RESS Haptol
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Chroblastosis Fetalis.	Solay.
The state of the s	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	10.1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION	YES NO
יייייייייייייייייייייייייייייייייייייי	MEDICAL	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office ble		e exact location)
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY m. WHILE AT NOT WH AT WOORK	ILE TO THE TOTAL PROPERTY OF THE PROPERTY OF T	
and an		22. I hereby certify that I attended the deceased from deceased alive on 3/30, 1950, and that death oc	curred at m., from the causes and on the	date stated above
24 09	36	23A. SIGNATURE M.D. M.D. M.D. 124C NAME OF CEME	238. ADDRESS ETERNOR CREMATORY 240. LOCATION 45 ity, town, or	23c. DATE SIGNED
200	4	on, removal (Specify) 3-31-52 Beth 7	filoh betto	MA
202	LC	MAR 3 1 1952 Huntington Will Command	talk bewer Me 2100 6	seton Ro
		VS 150		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3	BIRTH	H NO.			CERTII	ICAI	E OI DEF	XIII				
1	1. NA	ME OF DE		11.	L	M			2. DATE OF	3/1	9/52	14.71
-		ACE OF DE	ATH:	LLIAM		110	4. USUAL RESIDENCE (Where deceased lived. If institution: residence					
-		Itimore C	ity, Maryland OF (If not in hosp	ital or institut:	ion, give stree			nd.			* 5	
	HOSPITAL OR location				c. CITY OR TO	II) NWC	outside corporate	limits, wr		nd give wnship)		
Cr.	INSTITUTION 3240 Reservich Rd.				D STREET AD	DDRESS (If	rural, give locati	on)				
I Sa	c. Le	ngth of st	ay in Baltimore			Mos. Days	3240		ih Rd			
	5. SE	X	6.COLOR OR RACI		MARRIED		8. DATE OF B	IRTH	9. AGE (In yes	ars If Under y) Months	Days If Under	24 Hours Min.
	mi	ale	White	me	OF BUSIN	L	2/28/	CE (State or fo	79	112	CITIZEN O	F
-		e during most of	CUPATION (Give kind) I working life, even if retire			INDUSTRY		CE (State of 1	reign country)	12.	WHAT COL	
9 1	13. F	Non		1			14. MOTHER'S	MAIDEN N	AME			
near			?		3× 31							
		or unknown)	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIA SECUI	RITY NO.	Jone &		32401	Leaue		1.
causes	18	.153	Α .	9	39917.	CAUSE	OF DEATH				INTERVAL BE	
le c			E OR CONDITION	ATH		('a	A Chin anna	5 (0	lan		12-18 n	10
e		heart failu	not mean the mode re, asthenia, etc. It me complication which	ans the diseas	e,			0	Λ		MO	
wrle			ANTECEDENT CAL		.,	Ga.	1.1	ate	. colors	1	10-15	
please	Z		OR CONDITIONS,		(B) .	Ja	mujel		n 9 dons	-6		
	ATIO	RISE TO TH	HE ABOVE CAUSE (A) STATING TH	HE OUE TO							
ans	2				(C) .		••••	********************				
Physicians:	T.T.		II IGNIFICANT CON									
Phy	الا الا	TO THE OI	TO THE DEATH, BU	N CAUSING 1	т		DATION				20. AUTO	
i.	1 ^S	9A. DATE O	F OPERATION	19B. MAJOR	FINDINGS	OF OPE	RATION			A	YES T	NO [
important.	0 -2 L		ENT WAS UNDER- R CONTRIBUTING [DEATH		ACE OF INJ				If in Baltimore	City, give	exact location	on)
E I	Σ -2	1D. TIME ((Month) (Day) (Yes	r) (Hour)	21E. INJUR	Y OCCURE	RED 21F. HOW	DID INJUR	Y OCCUR?			
ally		F INJURY		m.	WHILE AT WORK	NOT WHILE			144			SI
specially	2	2. I hereb	y certify that I a	ttended the	deceased				3-29-52			
[5]		eceased a	Type on 3-28-5		and that d		erred at 7:30	mm., from t	ne causes and	2	3c. DATE S	IGNED
e		CA	. derin	9 111	4	м. D.	642 n	VILDI	W		3-21-1	
age	24A. TION,	BURIAL, C	REMA- 24B. DATE	,	24C. NAME	OF CEMET	ERY OR CREMAT	ORY 240. L	OCATION (City	, town, or o	county)	(State)
correct	DATE	E RECEIVE	D BY L REGISTRA	/52 R'SISIGNATI	Harr	woo	25. FUNERAL	DIRECTO	year s	A	DDRESS	
cor	LOC	REGIST	BAD I	grow /	Missus	With The	Ping jo	Rhen	wexth.	36151	Sheet	The
	£111	VS 150					22					

642 Washington Blak. THE RESERVE OF STREET ASSESSMENT OF STREET correct age is specially important. Physicians: please write the causes of ucum more reserved

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) reet address or location) C. CITY OR TOWN (If outside corporate limits, write BUBAL and give	(Type or Print) Hanora M. Westler DEATH 3/31/572 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence			RTH NO.	
4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) reet address or location) C. CITY OR TOWN (If outside corporate limits, write BUBAL and give	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence	Hanora M. Restter DEATH 3/31/36	(1)		
location) c. CITY OR TOWN (If outside corporate limits, write RUBAL and give		3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
bownship)	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		HO	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs. D. STREET ADDRESS (If rural, give location)	14 40 41 0 15	HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give	40	1209 W. Ostend St.	D. STREET ADDRESS (If rural, give location)
Mos. 1209 W. Ostend It.		HOSPITAL OR INSTITUTION 1 209 W. Ostend H. Baltimore C. CITY OR TOWN (If outside corporate limits, write HUBAL and give Baltimore)		Length of stay in Baltimore Days	1209 W. Ostend It.
	c. Length of stay in Baltimore Life Yrs. Days 1209 W. O-Stand Lt.	HOSPITAL OR INSTITUTION 1209 W. Ostend H. Yrs. C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township) D. STREET ADDRESS (If rural, give location) C. Length of stay in Baltimore Life Days Days 1209 W. Ostend H.	7	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
	c. Length of stay in Baltimore Life Mos. Days 12 09 W. O-Stavel Lt. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) 1 Under 24 Hours	HOSPITAL OR INSTITUTION 209 W. Ostend St. St. Length of stay in Baltimore S. SEX 6, COLOR OR RACE 7, SINGLE, MARRIED, 8, DATE OF BIRTH 9, AGE (In years) 10 Under 24 Hours	10 work	done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	C. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location)	HOSPITAL OR INSTITUTION OSTANDA C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township) C. Length of stay in Baltimore Tyrs, Mos. Days D. STREET ADDRESS (If rural, give location) Parall OSTANDA TOWN (If outside corporate limits, write RUBAL and give township) D. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If	7		Ballynore USA
INDUSTRY Ballimore WAS A WHAT COUNTRY?	C. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location)	HOSPITAL OR INSTITUTION OSERVA Vrs. Mos. Days D. STREET ADDRESS (If rural, give location) D. STREET ADDRES		John - a. Kearney	N . 0 1
INDUSTRY Ballimore 14. MOTHER'S MAIDEN NAME	C. Length of stay in Baltimore Single Married No. Days D. STREET ADDRESS (If rural, give location) 2.09 W. D. STREET ADDRESS (If rural, give location	HOSPITAL OR INSTITUTION Octand Yrs. Mos. Days To Age (In years of working life, syn if retired) To A. USUAL OCCUPATION (Givekind of working life, syn if retired) 13. EATHER'S NAME Octand C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township) D. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 12. O AGE (In years limits, write RUBAL and give township) 13. SATHER'S NAME 14. MOTHER'S MAIDEN NAME	Va	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
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Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) Days D. STREET ADDRESS (If rural, give location) Days D. STREET ADDRESS (If rural, give location)		HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write ItUI)AL:	5. 7. 10 work 13	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME
4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) reet address or location) C. CITY OR TOWN (If outside corporate limits, write BUBAL and give	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence		(C.E.)	NAME OF DECEASED	
Testler OF DEATH 3/31/5-2 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) c. CITY OR TOWN (If outside corporate limits, write RUBAL and give	(Type or Print) Hanora M. Westler OF DEATH 3/31/52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence			RTH NO.	

Registered R 3156

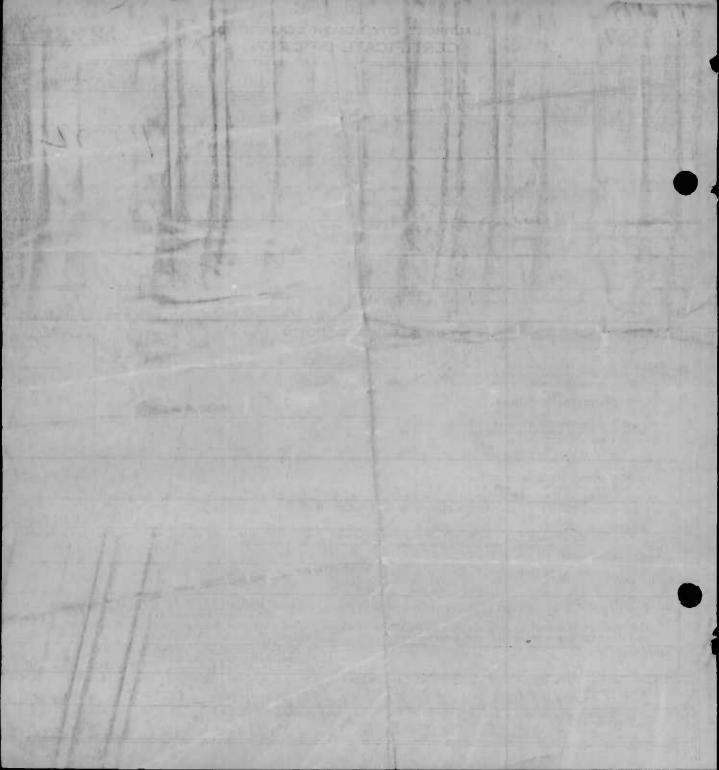
CERTIFICATE CORRECTED 6/10/52 ES BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

(7	NAME OF D Type or Print)	GORDON KEN	NETH SN	MOYER	7 - 410 - 3	2. DATE OF DEATH	Mar. 30, 1952		
A.	Baltimore (City, Maryland	el or instituti	an give etnest address	4. USUAL RESIDENCE A. STATE NEW Y	ork B. COUNTY	. If institution: residence before admission		
AL H	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR US Public Health Service location) INSTITUTION HOSPITAL Wyman Pk. Drive & 31st St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and given Buffalo				
5	2	tay in Baltimore	2	Yrs. Mos.		(If rural, give location) Pries Avenue)		
5	M M	6.COLOR OR RACE	7. SINGLE WIDOW Marri	Days Days Days Days Days Days Days Days	8. DATE OF BIRTH	Q ACE UN YOURS	if Under 1 Year If Under 24 Hours Months Daye Houre Min.		
1C	A. USUAL OC k done during most of Steward	CUPATION (Give kind of f working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	B. FATHER'S	r Smoyer	N.E.	900000	14. MOTHER'S MAIDE Olive Wil		/		
15 (Ye		D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 120-18-3836	17. INFORMANT Records- US	PHS Hospital,	ADDRESS Balto, Md.		
IFICATION	(This does heart failu in jury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea- complication which c ANTECEDENT CAUS G OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	'H f dying, e. g ns the disease aused death. ES ANY, GIVIN STATING TH	chronic Rheu	ic stenosis matic heart di	isease	Unknown Unknown		
IL CERTI	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT	D	ATION	and the second s	20. AUTOPSY7		
MEDICA	LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year)	about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., et) INJURY OCCUR?		y, give exact location)		
	OF INJURY	it contitenthat I att	m,	work Not while at work At work Mar.			52, that I last saw th		
	deceased all 23A. SIGNAT D.W. Pat	URE MAK 30	Vous	and that death occur	red at 2710 Am., from the American Amer	om the causes and on	the date stated above 23c. DATE SIGNED 3/31/52		
	AA. BURIAL, CON, REMOVAL (S Removal ATE RECEIVE	24B. DATE pecify) 3/31/5	2	4c. NAME OF CEMETER		Buffalo, N.Y.			
	IAR 3 1 19		ton 1	Itania Sizi	25. FUNERAL DIRECT	Tickner V	ADDRESS .		
4	VS 150	6		764	55 /	Salt	017 Mld		

See Document File 52-3156 6/10/52 ES in the KM mater come ini by action RF of the time of death THE SECOND OF THE SECOND so it griere !- a chiome con it !?

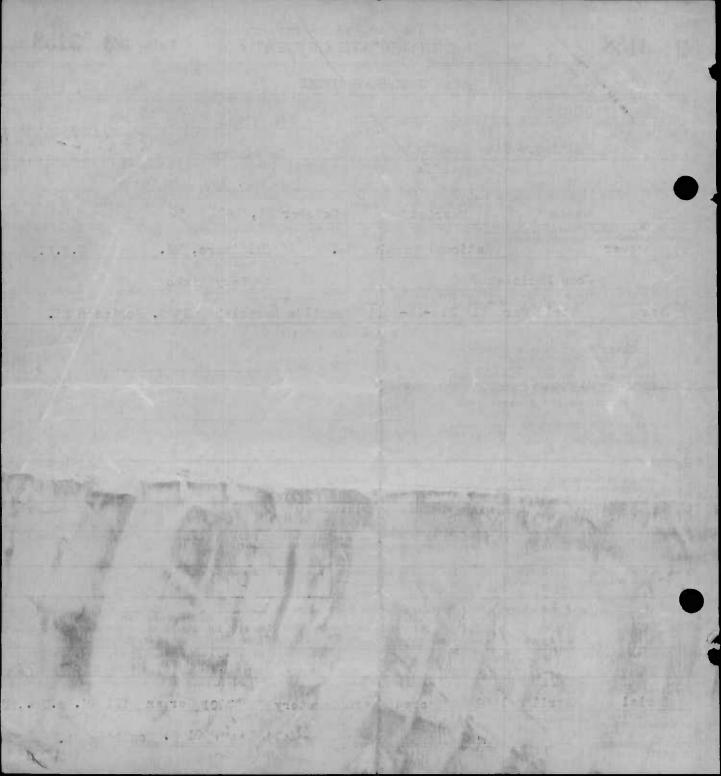
correct age is especially important. Physicians: please write the causes of death clearly and egibly.

172	3157				E OF DEATH	_	egistered No.2_	3157		
-	RTH NO.									
	NAME OF DECEAS ype or Print)	ISA	AC	BAILEY		2. DAT OF DEA	тн March 27			
	PLACE OF DEATH: Baltimore City, M	Iaryland			4. USUAL RESIDEN			ion : residence before admission)		
В.			or institutio	n, give street address or location)	Mary:			GITTED T		
	ISTITUTION	ltimore Ci	tv Mor		c. CITY OR TOWN Balt:	imore	orporase limits, write	township)		
	ength of stav in			Yrs. Mos.	D. STREET ADDRES	s (If rural, giv Argyll A				
-			7. SINGLE.		B. DATE OF BIRTH	9. AGE	(In years ff Under 1 Ye birthday) Months: De	at It Under 24 Hours		
	Male Co	lored	SI	D, DIVORCED (Specify)	7 1881	5 6	4			
10 worl	A. USUAL OCCUPAT done during most of working		IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign cou		TIZEN OF HAT COUNTRY?		
13	FATHER'S NAME	1	1 0		14. MOTHER'S MAIL	DEN NAME	3 1			
15	WAS DESCRISED SUPP	//	7000000			A	Dailes	1		
	s, no or unknown) (If ye	IN U.S. ARMED as, give war or dates o		16. SOCIAL SECURITY NO.	Mas Der	the St	Iman 3	900 Wash		
	18. 422.1	9		CAUSE	OF DEATH	1	74%	SET VIND DE ANH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Antoniosal oratic cardiovascular disease									
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
				DUE TO						
7	ANTECEDENT CAUSES (B)									
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
1				(C)						
RTIFIC	OTHER SIGNIF									
Ш	TRIBUTING TO THE TO THE DISEASE	OR CONDITION	DT RELATED CAUSING IT.)			Elegania			
L C	19A. DATE OF OPE	RATION 19	B. MAJOR	FINDINGS OF OPER	ATION			O. AUTOPSY?		
EDICA	21A. EXTERNAL CAUNDERLYING CAUSE	R CONTRIB-	218. PLAC about home, far	CE OF INJURY (e. g., ir m,factory,street,office bldg.,e	a or 21C. WHERE DII		cimore City, give exa	et location)		
Z	21D. TIME (Month) OF INJURY	(Day) (Year) (wi	IE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID I	NJURY OCCUP	₹ ?			
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from									
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \).									
	23A. SIGNATURE	1/2	Dance II	The the consecution	238. CHIEF MEE	DICAL EXAMINE	ER 23c. DAT	E SIGNED		
-	AA) BURIAL, «CREMA-	248. DATE	15	M 4c. NAME OF CEMETE	D. MEDICAL INVES	STIGATOR	March (City, town, or coun	27, 1952 (State)		
J.	REMOVAL (Specify)	4/1/4	-) 1	MIXA	1 MATTER	West	ont	mid,		
10	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S	SIGNATUE	RE	25 FUNERAL DIREC	CTOR A	ADDR	ESS /		
_	11AB 3 1 1957	Hunting	ston 1	helicama, My	cl ya	lstla	d 918	brud		
V	S ISI	6		7848	B		Hill	are.		



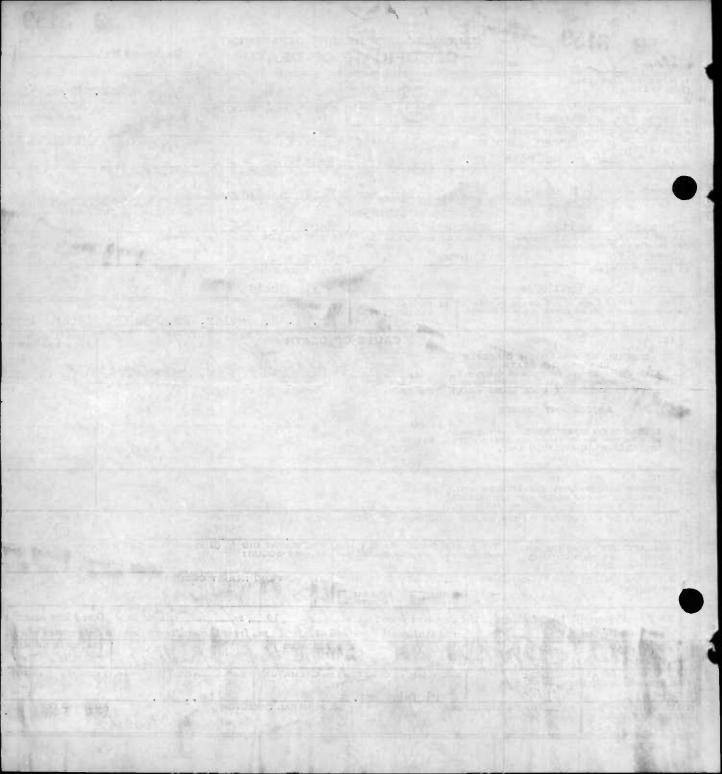
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	RTH NO.														
(T:	NAME OF DECEASED Type or Print) MICHAEL JOSEPH MADIOLEK 2. DATE OF DEATH March														
3. A.	PLACE OF DEATH: Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission									
В.	FULL NAME OF	'f not in hospit		Maryland											
	DOSPITAL OR location) Baltimore City Hospitals														
-			Balti	more		- 4	township								
14			TREET ADDRES		ral, give location	n)									
	Length of stay in Baltimore Life Yrs. Mos. Days					623 S. Robinson Street									
3	SEX 6. COLOR OR RACE		7. SINGLE, MARRIED.			ATE OF BIRTH		ACE (In mon)	and 16 Hadas	1 Year If Under 24 Hours					
n	nale	white		D, DIVORCED (Specif	OC	tober 11,	1921	30 last hirthday	Months	Days Hours Min.					
	A. USUAL OCCUP		10B. KIND	OF BUSINESS OR	11. 1	BIRTHPLACE (St	tate or fore	ign country)		CITIZEN OF					
ork	done during most of work Brewer	ing life, even if retired)	Nation	nal Brawing		Re 1	timore	- Md-		WHAT COUNTRY					
13.	FATHER'S NAME		National Brewing C			MOTHER'S MAII				CIDERE					
		John Macio	lek												
15	. WAS DECEASED EV			16. SOCIAL			Mary Z	Tako		ADDRESS					
	es, no or unknowo) (If yes, give war or date		es of service) _ SECURITY NO.			Matilda Maciolek 623 S. Robins									
	Yes	World Wa:	, 11 E	14-10-2001	PERT	TIGH PACT	OTEK	02) S. K							
	18. 241)	X ,		CAUSE	OF I	DEATH	,			INTERVAL BETWEE					
	DISEASE O	R CONDITION	DIRECTLY							The second					
	LEADING TO DEATH														
1	heart failure, asthenia, etc. It means the disease,									***!***********************************					
	injury or com	plication which o	eaused death.)	DUE TO					9						
1	ANTECEDENT CAUSES														
7	DISEASES	CONDITIONS	E ANY CHILL						***************************************						
SOL	RISE TO THE A	CONDITIONS, I	STATING THE						11.2						
	UNDERLYING	CONDITION LA	ST.	(C)											
3	(C)														
KILLICA	OTHER SIGNIFICANT CONDITIONS CON-														
	TRIBUTING TO	THE DEATH, BUT	NOT RELATED												
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION										20. AUTOPSY?					
,	19A. DATE OF OF	PERATION	SB. WAJOR I	THE THOSE OF OFT		1 4 4 4				YES X NO					
21a FYTERNAL CALISE WAS 21B. PLACE OF INJURY (e.g., in or 21C.							D (If	in Baltimore C	ity, give						
about home form (extern street office bldg etc.) IN ILIBY OCCUR?															
UTING CAUSE OF DEATH.															
E	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?														
OF INJURY MILE AT NOT WHILE AT WORK															
	allionsy									vereon and from					
	Autopsy, Inspection or Inquiry														
the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the									n the do	ay stated above					
and death in my opinion resulted from: natural causes \$\infty\$, accident □, suicide □, homicide □, und															
	23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C. ASSISTANT MEDICAL EXAMINER														
	M.D. MEDICAL INVESTIGATOR									h 28, 1952					
24	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or								own, or co	ounty) (State)					
	Burial	April 7-	1952	Sacred Hear	rt Ce	meterv	7401	German I	Hill R	d.Ba.Co.M					
	TE RECEIVED BY					FUNERAL AIRE				DRESS					
LO	CAL REGISTRAR	11- 0:	+5/11	HS. CLA MATE	W.	and the X	41/400	07 9 00-	nlel des	/					
44	R 3 1-1952	1 Junising	dow Wd	HARIMAN, STEPS	17 19 V	The Carrier	wwy.	01 S. Con	TKIINE	Sto					
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				17 10	1000										



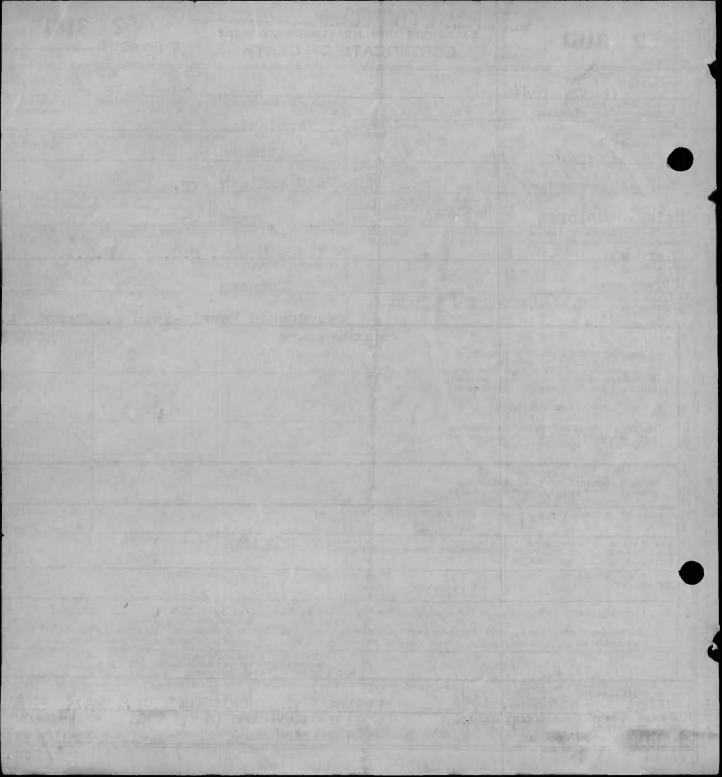
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	100		CERTIFIC	ATE	OF DEAT	Н	Regist	ered No.				
1. NAME OF DECE (Type or Print)		LORENCE	MATTHEWS !	TAYLO	OR		2. DATE OF DEATH	Mar.	30,	1952		
a. Baltimore City, b. FULL NAME OF HOSPITAL OR LON INSTITUTION	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITIAL OR Long Green Nursing Home location)					5	here deceased li B. COUN outside corpora	ITY	befor	e admission)		
60 115	E. Melros	e Ave.	Baltimore /) - U (township)									
ength of stay	in Baltimore		D. STREET ADDRESS (If rural, give location) Northway Apts									
Female 6.0	Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Ho										
10A. USUAL OCCUP work done during most of work Housewife	OR 1 STRY	1. BIRTHPLACE	(State or fo	reign country)		CITIZE	N OF COUNTRY					
13. FATHER'S NAMI	1	14. MOTHER'S MAIDEN NAME										
Evan Thomas					Edith Scott							
(Yes, no or nnknown) (J	S DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO. 17. N. Taylor, Jr., 34					ADDR 3427 Gu		rd Term				
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESATE, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.												
. 19A. DATE OF O			FINDINGS OF	OPERA	TION			UTOPSY?				
CAL		215 PLA	CE OF INITIBY ((a a in a	al 21c WHERE	City give	YES _	NO L				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?)										cationy		
OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK											
deseased alive	22. I hereby certify that I stended the deceased from 19, to some the causes and on the date stated above as a significant state of the											
24A. BURIAL, CREM TION, REMOVAL (Special	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)/ (S									(State)		
Burial 1/1/52 Friends Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR. ADDRESS LOCAL REGISTRAR. ADDRESS												
VS 150	Munting	rost H	Medius, My	V. ~ °	377.	June	ulto 3	17/1	nd			



BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Mar. 30, 1952 WALTER W. WISCHMEYER DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) Beech Hill Nursing Home C. CITY OR TOWN (If outside corporate limits write RURAL and give 6028 Old Harford Rd. Baltimore D. STREET ADDRESS (If rural, g.ve location) Yrs. Mos. ength of stay in Baltimore Davs Plaza Apts., Wilson & Park 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. July 10, 1881 Male White Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? salesman Railroad Equipment-Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Effie Duckstien Edward Sicehmeyer 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 9-01-8741 Mr. J. Howard Watson - 212 W. Laurens St. No CAUSE OF DEATH 18 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK 1946 to 30 Mas., 1952, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 30 Mas, 1952, and that death occurred at 7:30Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Cremation 24C. NAME OF CEMETERY OR CREMATORY 248. DATE 4/2/52 Balto., Md. Loudon Park Crem. DATE RECEIVED BY 29) FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



23B. ADDRESS

25. FUNERAL DIRECTOR

JOHNS HOPKINS HOSPITAL

before admission)

20. AUTOPSY YES

23c, DATE SIGNED

3-30-52

Home 1631 Druid

23A. SIGNATURE

24A. BURIAL, CREMA-TION, BEMOVAL (Specify) DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAD'S SIGNATURE

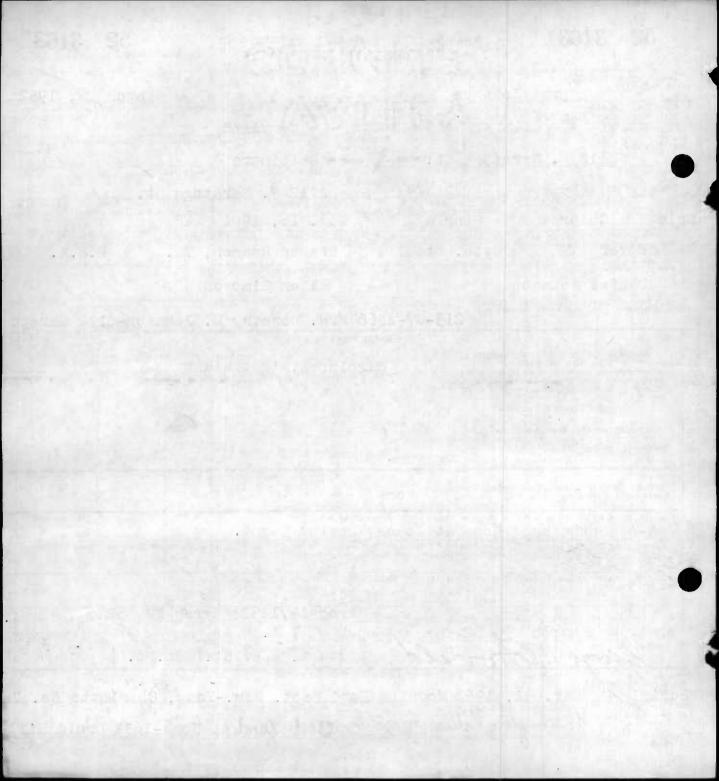
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important. Physicians: please write the causes of death clearly an

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3163

ВІ	RTH NO.		CERTIFICATI	E OF DEATH	Registered No.		
1.	NAME OF D	DECEASED			2. DATE		
(T	ype or Print)	Henry J	ohnson		DEATH March	29. 1952	
Α.		City, Maryland	112 W.Saratoga	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission)	
H	FULL NAME DSPITAL OR STITUTION	OF (If not in hospita	al or institution, give street address or location)		outside corporate limits, w		
		2112 W. Sar	atoga St.	Baltimore D. STREET ADDRESS (If:	rural, give location)	township	
c.	Length of s	stay in Baltimore	35 Yrs. Mos. Days	2112 W. Sara			
	sex 110	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Single	B. DATE OF BIRTH Aug. 16, 1904	9. AGE (In years last birthday) Month	or I Year If Under 24 Hours S Days Hours Min.	
10 work	A. USUAL OC doneduring most	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR Beth. Steel NDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF	
13	. FATHER'S	NAME	Shipport	14. MOTHER'S MAIDEN NA			
	Dan	iel Johnson		Elleh Simpso	n		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED	of service) SECURITY NO.	17. INFORMANT Mrs. Dorothy D		RESS	
	18. 180	X		OF DEATH	· ochhodh-23	INTERVAL BETWEEN	
	DISEA	SE OR CONDITION	DIRECTLY Come	cinoma, Right ki	dnev	ONSET AND DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
TION	DISEASES OR CONDITIONS, IF ANY, GIVING						
ATI	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO				
			(C)		***************************************		
CERTIFIC	TRIBUTING TO THE GEATH, BUT NOT RELATED NONE						
	19A. DATE C	OF OPERATION 1	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?	
CA		months ago	Done at Johns Ho			YES NO X	
EDICA		ENT WAS UNDER. R CONTRIBUTING DEATH	218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)	
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE		OCCUR7		
	00 7 7 7		m. WORK L AT WORK L	arch 14,1952, M	anch 20 52		
			ended the deceased from Ma 919_52 and that death occur	mod at 7 Am from the	arch $29_{,19}52_t$	hat I last saw the	
	23A. SIGNA	TURE MAC	2 12 and that death ocean	3g. ADDRESS	2	ace statea above.	
- 0.4	19	eorgi /1/e/		844 N.Carey St			
_	A. BURIAL	CREMA- 24B. DATE	The second second	RY OR CREMATORY 24D. LC			
DA	TE RECEIVE		, 1952 Mossing Fo	ord Bapt. Cem	Saxe, Charlo	tte Co. V	
LC	CAL REGIST	En Huntings	- 1/3 / 1 / · · · · · · · · · · · · · · · · ·	Nolland Kuneral			
A	Rvs 150	04	63.31)	10110 1071	Ave	
			9/030				



5	20			7 - 13
ВІ	.)6)10%	EALTH DEPARTMENT E OF DEATH	Registered No	3164
	NAME OF DECEASED Click Mand	Thomas 2.0	Mar. 28	1952
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not impospital or institution, give street address or		deceased lived. If institute. COUNTY	tion residence before admission
HO	INSTITUTION & LAURAGE S. location)	C. CITY OR TOWN of outside	e eorporate limits, write	e RURAL and give
-	Length of stay in Baltimore 30 Mps. Mos. Days	D. STREET ADDRESS (If rural,	give location)	1.
1	emale Color or RACE 7. STABLE, MARRIED, WIDOWEDDIVORCED (Special Married)		E (in years f Under st birthdon Months I	Year H Under 24 Hours Days Hours Min.
work	DA. USEAL OCCUPATION (Give kind of the property of the policy of the pol	11. BIRTHPLACE (State or foreign		THE OF WHAT COUNTRY
	Grown Stewart	hartha I	lewart	
15 (Ye	5. WAS DECEASED EVER IN U. 5. ARMED FORCES? 66. DO OF MOTOR OWN) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Thomas	SOF GUN	au St.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) DUE TO	of beath	t lisease	SET AND DEATH
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	jstru Jarla		
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,		Baltimore City, give ex	aet location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		UR7	
	22. I hereby certify that I aftended the deceased from	rred at 5 50 m., from the car		t I last saw the
-vierus -		23B. ADDRESS CLA	230	DATE GRED

a sent to the water - who / with me -4-4-

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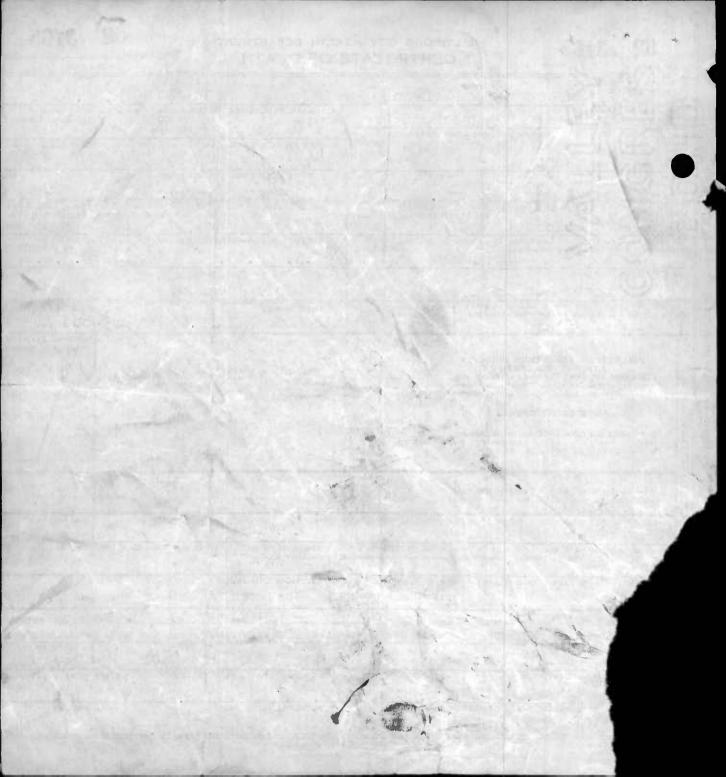
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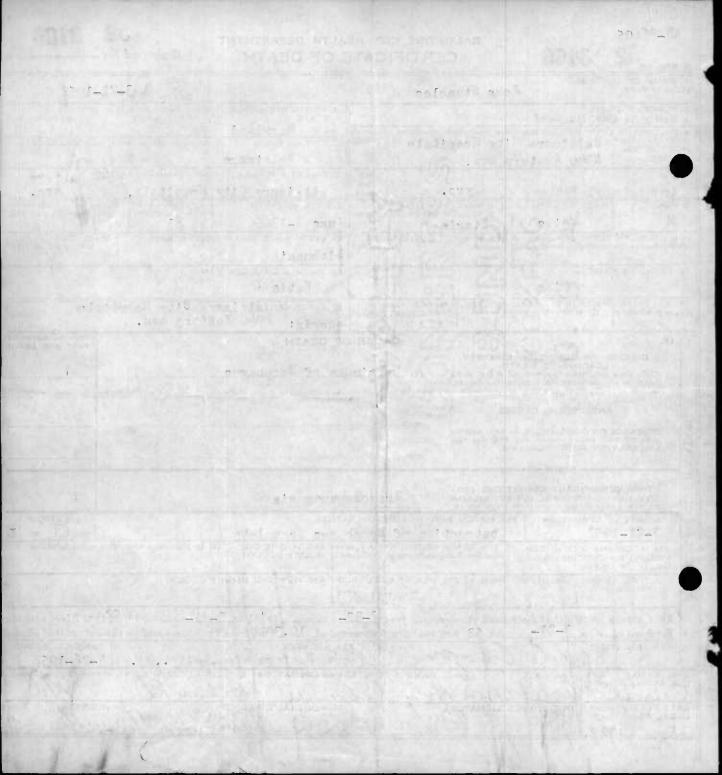
BALTIMORE CITY HEALTH DEPARTMENT

52 3165

	26	2702		CERTIFICATI	F OF DEATH	Register	ed No	
В	RTH NO.			OLIVIII IO/VII				
	NAME OF D		1	3.6 %		2. DATE OF	71-1-1	
<u> </u>		Laura E	rooks	McLean		DEATH	ch.3I.	I952
A.		City, Maryland I6	39 Wes	stwood Ave	4. USUAL RESIDENCE (V	B. COUNT	ed. If institution	on: residence efore admission
B.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate	limita amita I	TTTD A T 3
	STITUTION	37				outside corporate	Timites, write I	township
	7	None			Balto.	10	-01	
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give locatio	n)	
c.	Length of s	tay in Baltimore	25 y	rs Days	1639 Westwood			
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	Months: The	ys Hours! Min.
1	Female	Colored	9.00	idow	1903	49 VI		30000
10	A. USUAL OC	CUPATION (Givekinder	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)		IZEN OF
wor		of working life, even if retired)	no	INDUSTRY	A.A. CO.Md.		WH	AT COUNTRY
10	A U	nome	no	116	14. MOTHER'S MAIDEN N	AME	1 02	U.A.
'				基数	THE RESIDENCE OF THE PERSON OF			
15		homas Johns		16. SOCIAL	Laura Jack	kson		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	TEON W	ADDRESS	
		no			Eleánore Wilso	011.T039 A	restwoc	d Ave
	18. 421	1.0		CAUSE	OF DEATH			RVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		A 61 .	0. '-		
	(This does	LEADING TO DEA	TH of dving, e. :	e (a) Me	wal Twent	fice	Ray /	year
	heart failt	ire, asthonia, etc. It mea complication which c	ng the diseas	se,				
	injury of			., 502.10	A SECTION OF		V	
	ANTECEDENT CAUSES							
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING						**************	***************************************
E	UNDERL	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO			100	
0				(C)	***************************************	• • • • • • • • • • • • • • • • • • • •		
RTIFIC		11		A STATE OF THE STA				
L L		SIGNIFICANT CONDI						
JIE.		G TO THE DEATH, BUT						******************************
.0				FINDINGS OF OPER	ATION		20	AUTOPSY7
	12 144	0	di .			1 6	YE	s No
	YING O	DENT WAS UNDER-		ACE OF INJURY (e. g., i		lf in Baltimore C	ity, give exac	et location)
	USENOF	DEATH						
	ME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		Y OCCUR?		
	JAC 1		m.	WHILE AT NOT WHILE				
				January from 2	-10 - 1957 _{to} 3	-31-	106 2hat	I last saw th
			enaca tne	deceased from and that death occur				
		live on O	71990	ana that aeath occur	238. ADDRESS	he causes and		Statea above DATE SIGNED
		ORE CO	You so		8/6n, mou	- KSH	3 -	31 3
		REMINI 24B. DATE		M. D. 24c. NAME OF CEMETE		OCATION (City,	town, or count	y) (State)
		and the same of th	- V			1.275.60	,	(22000)
		A Section 1	1952	MAUburo		Ito.		Acres 1
		REGISTRAR	SIGNATU	N. C.	25. FUNERAL CUBECTOR	100	ADDRI	SS
		AS SAME TAKES	to Perry		James ALHelios	638 N.G	ilmor 5	it

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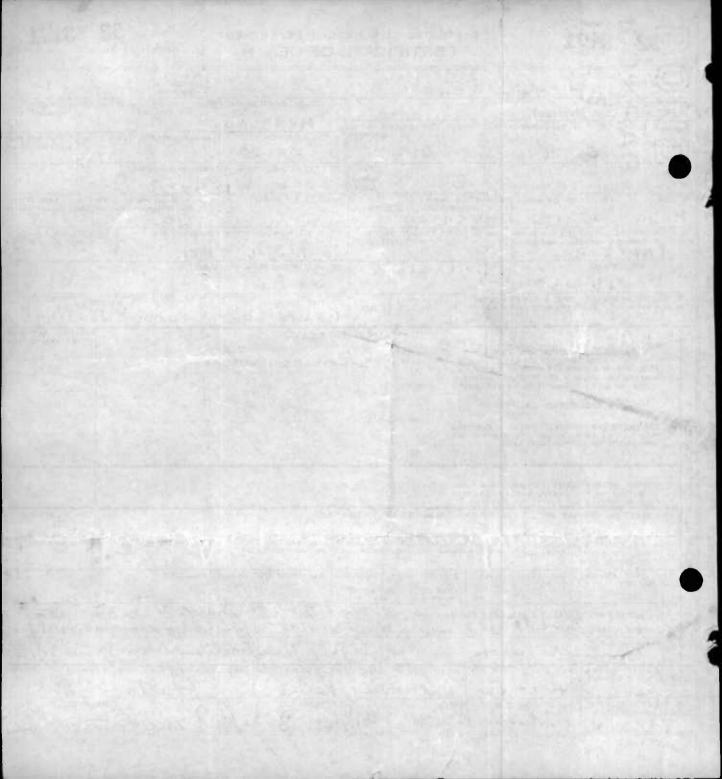
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BALTIMORE CITY HEALTH DEPARTMENT

52 3172

DALTIMOKEILIAK

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE NOSEPH HIRSCHOWITZ (Type or Print) DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION 4603 GARRISON BIVd. BALTIMORE D. STREET ADDRESS (If rural, give location) Mos. 4603 GARRISON BIVD. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years | | Under | Year | | Under 24 Hours | In Jude 24 Hours | Min. WIDOWED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? TAILORING U551A 11.5. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME HARRIS HIRSCHOWITZ 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ULIA HIRSCHOWITZ 46036ARRISON 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ormany Ouluria LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Gracualized autorio- Lavoris ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20/AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES (If in Baltimore City, glve exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 1957, to 4 - 1 -1912, that I last saw the 22. I hereby certify that I attended the deceased from. 4-1- 195 L. and that death occurred at 4: Am., from the causes and on the date stated apove. deceased alive on 23c. DATE S SNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

GRIL 1,1952 MICKROKODESH, BOWLEYSLANE

DURIAL DATE RECEIVED BY LOCAL REGISTRAR

VS 150



(If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT NOT WHILE 21F. HOW DID INJURY OCCUR?

WORK 22. I hereby certify that I attended the deceased from_

AT WORK

195 Lthat I last saw the 19 32 and that death occurred at 7, 45 km., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE, SIGNED JOHNS HOPKINS HOSPITAL

23A. SIGNATURE 24B. DATE

before admission)

24A. BURIAL, CREMA-TION, NEMOVAL (Specify)

REGISTRAR'S SIGNATURE

Juntington

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

April 2,1952 Burial

deceased alive on 3 - 31

Beth Tfiloh Cemetery Windsor Mill Road

25. FUNERAL DIRECTOR

ADDRESS

Balto. Md

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 317.4
Registered No.

BI	RTH NO.						
	NAME OF DECEAS	amele	a de	broeder ((ScHRoder)	OF DEATH MA	relig -
A.	Baltimore City, I	Maryland			4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	f institution: residence before admission)
B. H	SPITAL OR STITUTION	Paul Co	al or instituti	on, give street address or location)	C. CITY OF TOWN	If outside corporate limi	ts, write RURAL and give
r	forre -	23050	Pt / Jaw	2 54.	Dallin	if rural, give location)	3 - 0 1 township)
c.	Length of stay in	Baltimore '	fix	Mos. Days	Oh 1, 11	anover Sy	4.
5.	SEX 6.CO	LOR OR RACE		MARRIED,	May 25, 1870		onths Days Hours Min.
10 work	A. USUAL OCCUPATE done during most of working		100. KIND	OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF
13	FATTER'S NAME	lohras	dos	10112	14. MOTHER'S MAIDEN	NAME H	10030
(Ye	. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Rev. Valentine (?)	versient - X	ADDRESS 922
-	18. 1/ 0 0 0			CAUSE	OF DEATH	, Efe	INTERVAL BETWEEN
	DISEASE OR	CONDITION I					ONSET AND DEATH
	(This does not m heart failure, asth injury or compl	nean the mode of henia, etc. It meni	f dying, e.g ns the discase	2,	e congestive)	neart failu	re 2 weeks
		CEDENT CAUS				1	
NO	DISEASES OR C			G	rio sclerotic	neart dise	ase. ?
CATION	UNDERLYING	CONDITION LA	STATING TH	(C)			
RTIFI		- 11					
CER	OTHER SIGNIF TRIBUTING TO THE DISEASE	HE DEATH, BUT	NOT RELATE	o n	one_		
1	19A. DATE OF OPE	ERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
EDICA	21A. ACCIDENT V LYING☐ OR CON CAUSE OF DEATH	TRIBUTING		CE OF INJURY (e. g., press, office bldg.,		(If in Baltimore City,	
	21D. TIME (Month OF INJURY			21E. INJURY OCCURR		RY OCCUR?	
	22. I hereby cert	tifu that I att	m.	deceased from 5/	15/51 , 19 , to	3/31/52.19	_, that I last saw the
	deceased alive or	- 1 1-		and that death occu	rred at 5100 Am., from	, ,	the date stated above
	23A. SIGNATURE	y D	eile	M. D.	1226 Hanov	er Street,	3/31/52
	4A. BURIAL, CREMA ON, REMOVAL (Specify		1952	CAC NAME OF CEMETE	O TE A	Rollinae,	n, or county) (State)
5	ATE RECEIVED BY	REGISTRAR'S	SSIGNATU	700	25. FUNERAL DIRECTOR	Livan	ADDRESS
=	VS 150	1 1 Juntan	gran of	marine, Wo	0 8000	2. 0x B	0 t 20 2 1

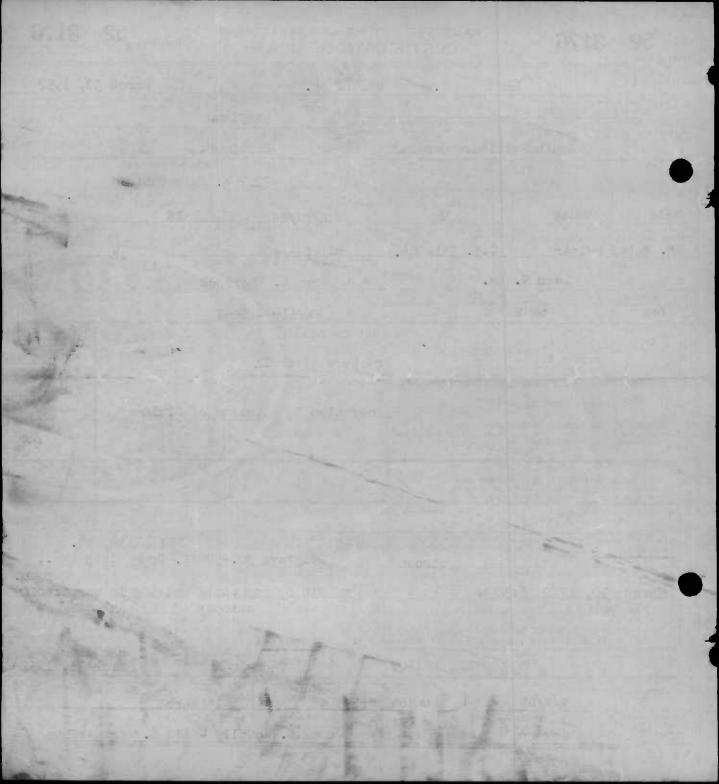
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

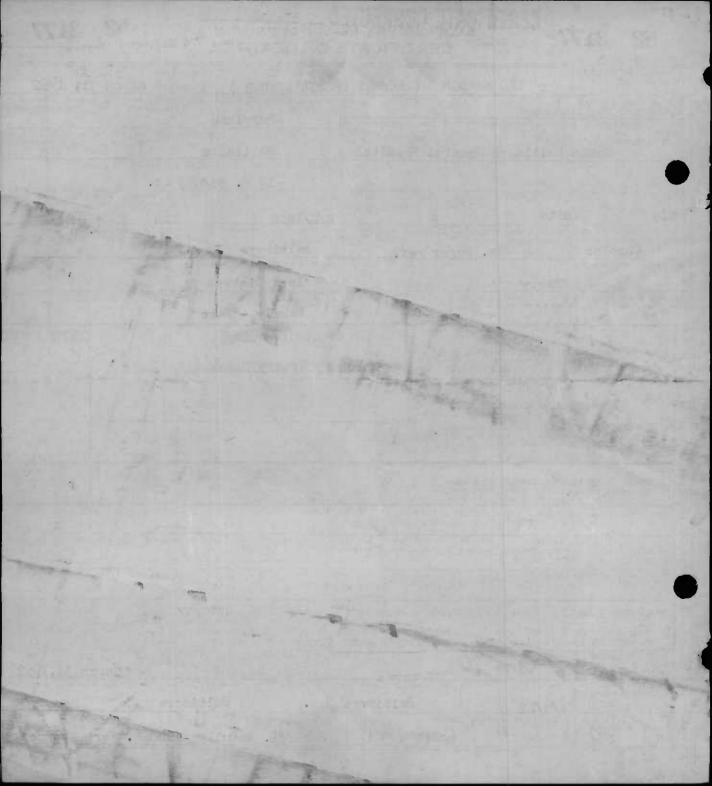
egistered No. 3175

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED Rolling A. Ber	ry OF DEATH More 31, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR location	mof.
INSTITUTION 3343 Elmley ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
70. A FA Mos.	D. STREET ADDRESS (III 1917al, give location)
c. Length of stay in Baltimord Com Service Ser	18. DATE OF BIRTH 19. AGE tin vestral if liedes I year 1 it liades 24 liques
Flende White Widowed (Specify	Theb. 16, 1862 Institution Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(P) Davis	(?)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 11. 7. 7. 1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Kreeleroly onche
injury or complication which caused death.) DUE TO	ascepas disease
ANTECEDENT CAUSES	archiel dolorais
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	out an arcourt
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.	
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE	
m. work AT WORK	At May May be to
deceased alive on M(1) 30, 19 and that death occu	files, 1977, to files 31, 1977 that I last saw the arred at 3°96 m., from the causes and on the date stated above.
23A. SIGNATURE	238. ADDRESS 23c. PATE SIGNED
24A. BURIAL, CREMA- 24B. DATE Office 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Durial assistant	Derson. Porpoile, Balto. Co., Und
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR ADDRESS
100 Huntington Volkalles, 10	W Jooward wan
VS 150 1400	Si Charle St Balt 2011

(b) & respectively to all George diagno constitute of the state of The second de training She Column Car at the product (1)



CERTIFIC	ATE CORRECTI	0 -10-5		O Oliver		
52 3177	CERTIFICAT	EALTH- DEPARTM	ENT Registered	2 3177		
BIRTH NO.	CERTIFICAT	E OF DEATH				
1. NAME OF DECEASED (Type or Print) LEO EBA	UGH (ROBERT)	LESLIE EBAUGH) 2. DATE OF DEATH Mar	ch 31, 1952		
3. PLACE OF DEATH: A Baltimore City, Maryland			CE (Where deceased lived.			
B. FULL NAME OF (If not in hospital or insti	itution, give street address or location)	Mary	land			
HOSPITAL OR INSTITUTION		C. CITT ON TOWN	imore L	nits, write RURAL and giv		
South Baltimore Ge	Yrs.		S (If rural, give location)	3-03		
Length of stay in Baltimore	Mos. Days	19 W.	Barney St.			
WID	GLE, MARRIED. OWED, DIVORCED (Specify)		9. AGE (in years last birthday)	li Under 1 Year If Under 24 Hou: Months Days Hours Min		
Male White	IND OF BUSINESS OR	6/9/1898 11. BIRTHPLACE (Sta	ate or foreign country)	1 12. CITIZEN OF		
work done during most of working life, even if retired)	Suger Ref.			WHAT COUNTRY		
13. FATHER'S NAME	aper ners	14. MOTHER'S MAIL	DEN NAME			
Harry		Clara Vic	kers			
(15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) Yes	16. SOCIAL SECURITY NO.	17. INFORMANT Family -	Same	ADDRESS		
heart failure, asthenia, etc. It means the disinjury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
TRIBUTING TO THE DEATH, BUT NOT REL	ATED					
U 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?		
	UNDERLYING OR CONTRIB. about home, farm, factory, atreet, office bidg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY					
m	WHILE AT NOT WHILE AT WORK		aut once-	47.		
the evidence obtained by said A and death in my opinion resulted	utopsy. Inspection or .	Inquiry, find that s	uicide []. homicide []	the day stated abov , undetermined [].		
23A. SIGNATURE PAFA		ASSISTANT MEDICAL INVES	CICAL EXAMINER	March 31,1952		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE		24b. LOCATION (City, tov	vn, or county) (State)		
B 4/3/52 DATE RECEIVED BY REGISTRAR'S SIGNA	Baltimore	25. FUNERAL DIREC	Baltimore	ADDRESS		
APR PEGITISTE He tin ton	Valians M.	James L. Mo	cully - I30 E.	Fort Avenue		
V S 151	390 4-	7		V		



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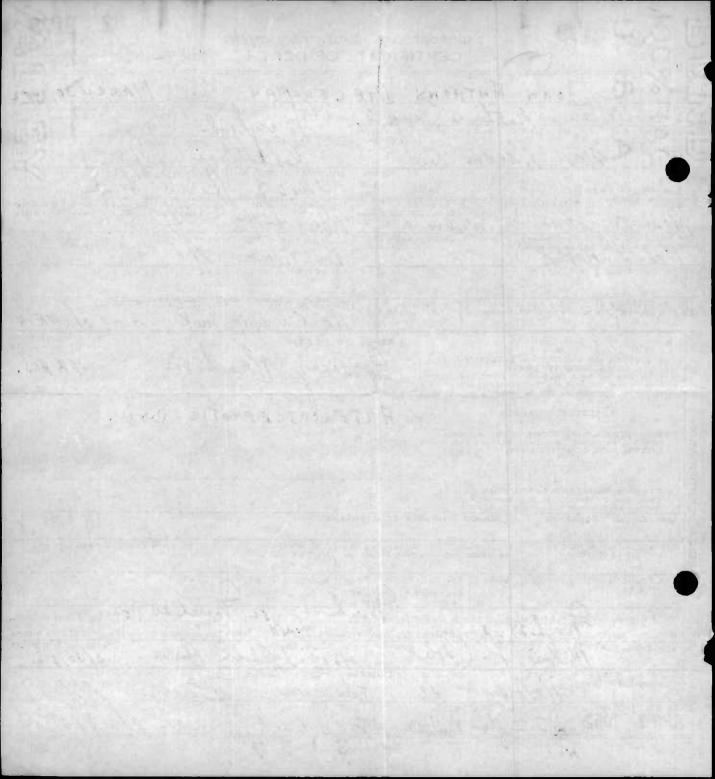
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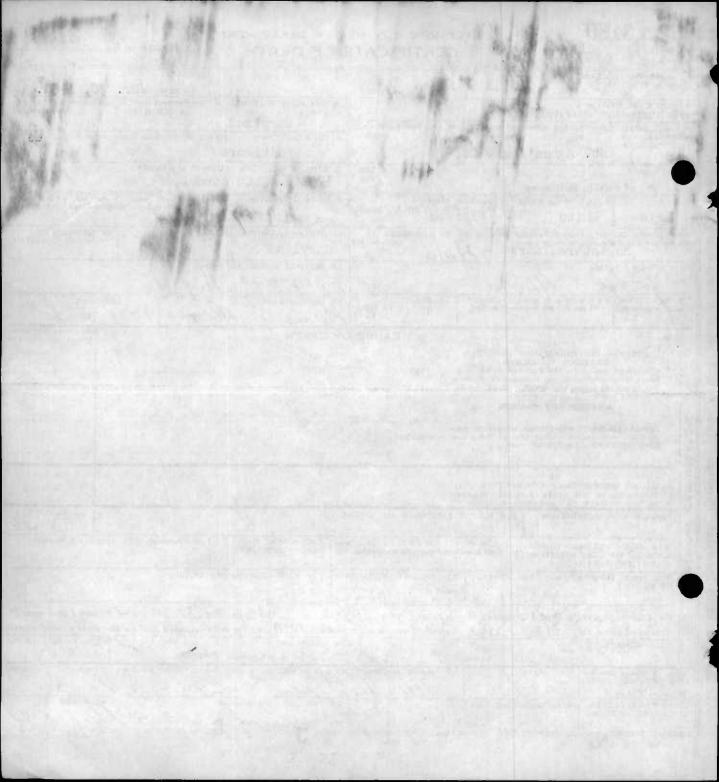
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

-								
1. (T	NAME OF DECEASED () When the property of Print)	N ANTHON	N DIE	CELMAN	OF MAN	CCH 30 1952		
Α.	PLACE OF DEATH: Baltimore City, Maryland		Trengland	4. USVAL RESIDENCE	Where deceased lived. If i	nstitution: residence before admission)		
H	OSPITAL OR	hospital or institution, give	stree address or location)	C. CITY OR JOWN	If outside corpurate limits	write RURAL and give		
IN	STITUTION 4109	HARRIS A	ve.	Baltin	mi 27-	O tevenship)		
			Yrs. Mos.	D. STREET ADDRESS ()	f ruful, give location			
	Length of stay in Baltimo		Days	14109	Karris G			
3.	MA/a S.COLOR OR R	WIDOWED, DIV	ORCED (Specify)	Magal 4- 1891	9. AGE (In years line) last birthday) Mor	oths Days Hours Min.		
10	A. USUAL OCCUPATION (Give	Mindof 10B. KIND OF BU	SINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF		
WOrk	doos during most of working life, even if	etired)	INDUSTRY	BALTIMORE-	Md.	WHAT COUNTRY?		
13	FATHER'S NAME	For Hada	11/1	14. MOTHER'S MAIDEN	NAME			
-				<u> </u>				
(Yes	. WAS DECEASED EVER IN U.S., b, no or woknowo) (If yes, give war		CURITY NO.	MR. CLARENCE	lucker - 410	9 HARRIS		
	18. 420.1		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDIT		Pas	make the	Love	1/0 1/05		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
Z	DISEASES OR CONDITIO	DISEASES OR CONDITIONS, IF ANY, GIVING						
ATI	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	E (A) STATING THE DU	E TO					
FIC								
RTII	OTHER SIGNIFICANT C	The second of th	(C)					
CE	TRIBUTING TO THE DEATH, TO THE DISEASE OR CONE	BUT NOT RELATED	•••••					
L	19A. DATE OF OPERATION	198. MAJOR FINDIN	NGS OF OPERA	ATION		20. AUTOPSY?		
ICA	21A. ACCIDENT, SUICIDE,	218, PLACE OF	INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)		
ED	HOMICIDE (Specify)	about bome, farm, factor	y, street, office bldg., et	c.) INJURY OCCUR?				
	ID. TIME (Month) (Day) (DE INJURY	Year) (Hour) 21E. INJ	URY OCCURRE	D 21F. HOW DID INJU	Y OCCUR?			
		m. WHILE AT	OT VHILE					
	22. I hereby certify that			11.3		, that I last saw the		
	deccased alive on 1234, 23A. SIGNATURE	197 - anatho		red at T. Am., from	the causes and on th	e date stated above.		
	25A, SIGNATURE /KUM	i F. John	M. D. A	1200 I Kelda	e ofend	3/30/52		
TIC	A. BURIAL, CREMA- 24B. DA	24c. NA	ME OF CEMETER	LY OR CHEMATORY CAD.	LOCATION (City, town,	or county) (State)		
	Duria 4/2	2/52 X	shy to	25. FUNERAL DIRECTOR	DALIO -	ADDRESS		
Lo	PER PRESISTINGS	entinator Willi	aus Me	ZJ. Ruck	6.111	reford to		
0	VS 150	The street	690 6	3/-177		1		



-	H	15						CONTRACTOR OF THE PARTY.
	1	52 31	i.80	PAI	TIMOPE CITY HI	EALTH DEPARTMENT	52	3180
Н	,					E OF DEATH	Registered No	OTOU
7		RTH NO.			OEIVIII TOTVI			
4		NAME OF D ype or Print)	G:	EORGE J	ALBAN SR.		of DEATH Mar.	
H		PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution : residence before admission)
	В. І	FULL NAME		pital or institut	ion, give street address of			
		STITUTION	St Amnal	Unanita:		c. CITY OR TOWN (If a	outside corporate limits,	write RURAL and give township)
egibly.	7	0	St. Agnes'	nospita.	Yrs.	D. STREET ADDRESS (If rural, give location)		
git		Langth of a	tay in Baltimore		Mos.	1738 E. 30th Street,		
Ø		SEX	6. COLOR OR RAC	E 7. SINGLI	Days E, MARRIED,	8. DATE OF BIRTH	9. AGE (in years # #	nder I Year It Under 24 Hours
y ar		Male	White		VED, DIVORCED (Specify)	00-1001	64	ths Days Hours Min.
ear		done during most	CUPATION (Give kind of working life, even if retire	ed)	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
cle	12	. FATHER'S	gistered Nu	rae - M	Ale	Maryland 14. MOTHER'S MAIDEN NA	ME	
death clearly	13	GOORE	0,	604		EIIA MIL	1 2	
	15		ED EVER IN U. S. ARI	IED FORCES?	I 16. SOCIAL	LEFA MULL	IIGAN	DRESS 4
es of	(You	a, no or unknowo)	(If you, give war or d	ates of service)	SECURITY NO.	MR. George AL	bAN- 1738	E 30 Th
causes		18. 33	11.		CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEAS	SE OR CONDITION		,			
the			not mean the mod ire, asthenia, etc. It n	e of dying, e.		remie		
write			complication which				4-2-	
			ANTECEDENT CA	USES	0-	shal Vascular	111.0.1	
please	Z		S OR CONDITIONS					
[d	ATI		THE ABOVE CAUSE (HE DUE TO			
ins	FIC				(C)			
Physicians:	RTIF	OTHER	II SIGNIFICANT CON	DITIONS COL	d.			
hys	ш	TRIBUTING	S TO THE DEATH, BO	T NOT RELATE	ED			
	O		OF OPERATION		FINDINGS OF OPE			20. AUTOPSY?
nt.	¥							YES NO
important.	EDIC		DENT WAS UNDER R CONTRIBUTING DEATH	- Luckham	ACE OF INJURY (e. g., farm, factory, etreet, office bldg.		f in Baltimore City, gi	ve exact location)
im	Σ		(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
ally		OF INJURY		m.	WHILE AT NOT WHILE			The April 18
		22. I hereb	by certify that I			3/19 , 1982, to 3	3/30 ,1952	that I last saw th
especia		deceased a	3/2.		and that death occu	erred at 10 A m., from th	/	e date stated above
C.		23A. SIGNA	TURE 2	1 4	Dr.	23B. ADDRESS	Lane	3/30/57
age	2/	A BURIAL	CREMA- 24B. DAT	- say	M. D.	RY OR CHEMATORY 24D. LC	CATION (City, town,	1 1 0
	TIC	AA. BURIAL	Specify)	150	Mars	The det	Tals !	md
correct		ATE RECEIVE		R'S SIGNATI	JRE,	25. FUNERAL DIRECTOR		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

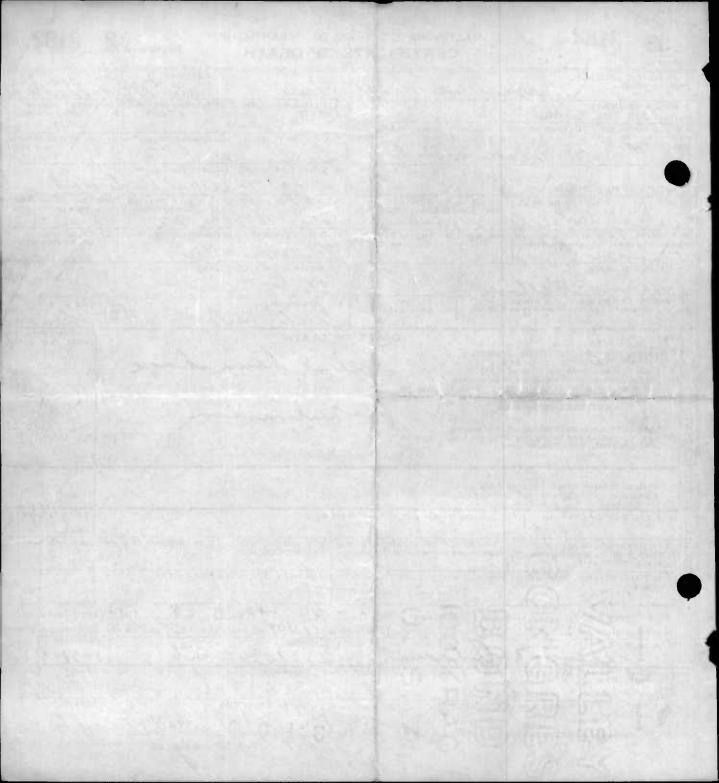
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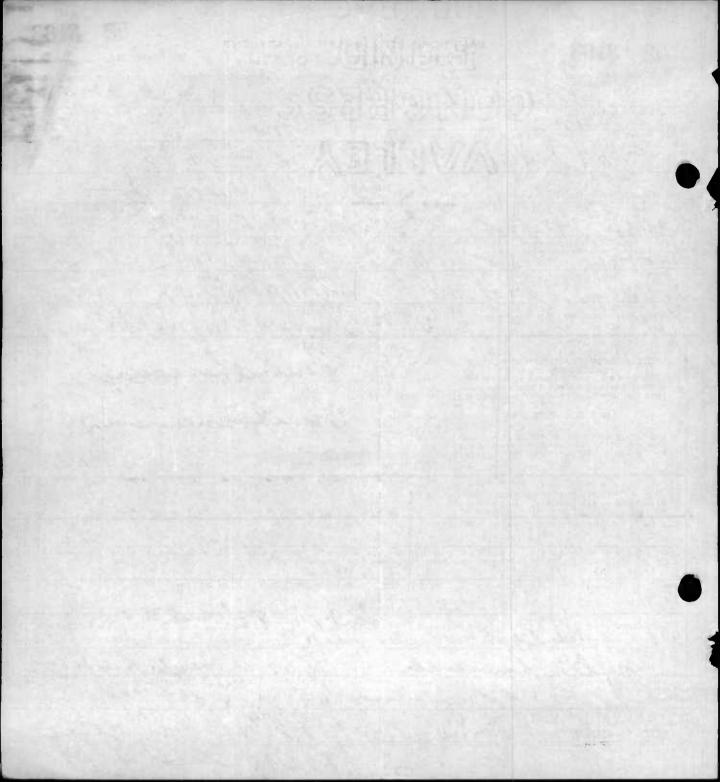
BIRTH NO.								
1. NAME OF DECEASED (Type or Print)	2. DATE 7 - 1 -							
JENNIE MCLANE	DEATH 3/30/62							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	C. CITY OR TOWN (If outside corporate limits, write RURAL and give							
INSTITUTION TO THE TO	R- (If outside explorate hints, write RDRAL and give township)							
Yrs.	D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore Mos. Days	527 W. Hamburgh.							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year last birthday) Months: Days Hours Min.							
Jense reges married	Sept 21, 1891 53							
OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life even if retired)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Aguseringe	hour Carolina 10.5							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Maven .							
(Yes, no or unknown) (If yes, give war or dates of service) 16. SECURITY NO.	James Mc Lane 527 W Hamburs							
18. HLLON	OF DEATH INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lessio Cardio Torre 8-10 gra.							
injury or complication which caused death.) DUE TO								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
UNDERLYING CONDITION LAST.								
	0.4. 0. 5. 0							
OTHER SIGNIFICANT CONDITIONS CON-	embolism due to must several							
TRIBUTING TO THE DEATH, BUT NOT RELATED	s due la coronary thronbooks days							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?							
A CONTRACTOR OF THE CONTRACTOR	YES NO							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	ED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE								
22. I hereby certify that I attended the deceased from	28, 1952, to 3/30, 1952, that I last saw the							
	red at 2.40 m., from the causes and on the date stated above.							
Aliani al Mala	3B. ADDRESS 2 Hom. 23c. DATE SIGNED							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 245. LOCATION (City, town, or county) (State)							
TION REMOVAL (Specify)	any am a. a Country Med							
DATE RECEIVED BY A REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADORESS							
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3182 BALTIMORE CITY HEAL TH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. Baltimore City, Maryland A STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) dendee (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years If Under 1 Year 6. COLOR OR RACE last birthday) Months: Days Hours: Min. akkie. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? alkere Oas armer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME enry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION VES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 2 - 2 0 1982 to 3 . 1 195 that I last saw the . 195' 2 and that death occurred at 130Pm., from the causes and on the date stated above. deceased alive on 3 . > 5 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) 48. DATE 24c, NAME OF CEMETERY OR CREMATORY Demoval DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR





52 3184

3184 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Elizabeth McGuire 3-30-1952 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Baltimere City Hespitals HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 40 ho Eastern Ave. Beltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 229 S. Calhoun St. c. Length of stay in Baltimore Days AGE (In years | 1 Under | Year | 1 Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) Merch 10- 1868 Widewed 10 of USUAL OCCUPATION (Give kind of york done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland ATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Maines 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Baltimore City Heapprespe (Yes, por unknown) (If yes, give war or dates of service) Records: 1940 Eastern Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral vascular accident, left (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, hemisphere injury or complication which caused death.) ANTECEDENT CAUSES Hypertensive Cardio Vascular Disease FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES X 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ۵ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK AT WORK 2-23-19. 57 to 1952, that I last saw the 22. I hereby certify that I attended the deceased from. 7.15m., from the causes and on the date stated above. deceased alive on 3-30-19 52, and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Baltimere, Md. 3-30-1952 BURIAL, CREMA-24D. LOCATION (City, town, on county) 24B, DATE 2AC NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) ILBUR F. PARKER OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN INSTITUTION UNION MEMORIAL 1d=5P (If rural, give location) Mos.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside corporate limits, write RURAL and give c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED AGE (In years last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) U.S.4 INDUSTRY ERLHAN IRGINIA 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or naknown) 215-09-5210 SAME NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-CARCINOMA OF PROSTATE TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 3-24-5 CAI 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from horely that I last sam the deceased alive on Merch 3/ 1952 and that death occurred at 4:2 . from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Pikesville. Druid Ridge Cem.

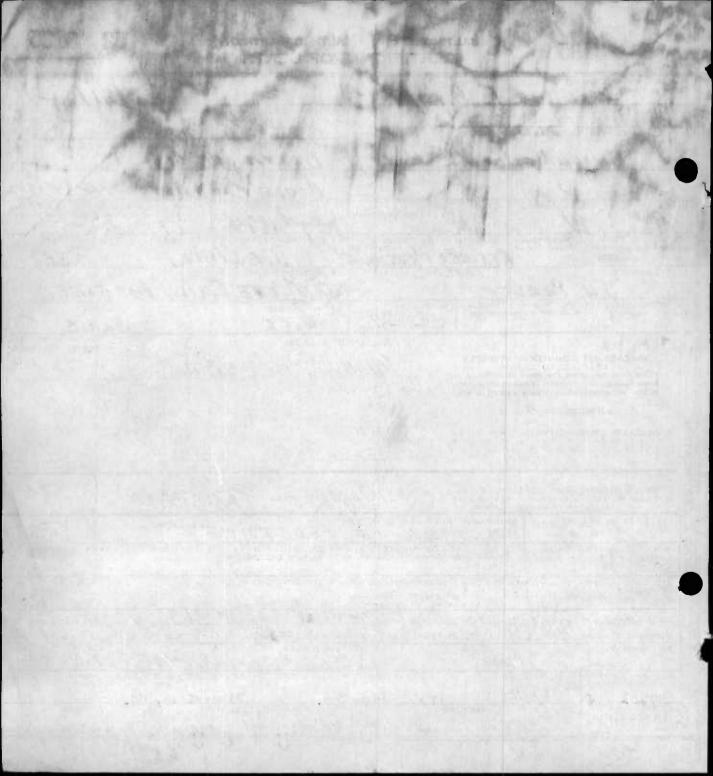
25. FUNERAL DIRECTOR

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DATE RECEIVED BY

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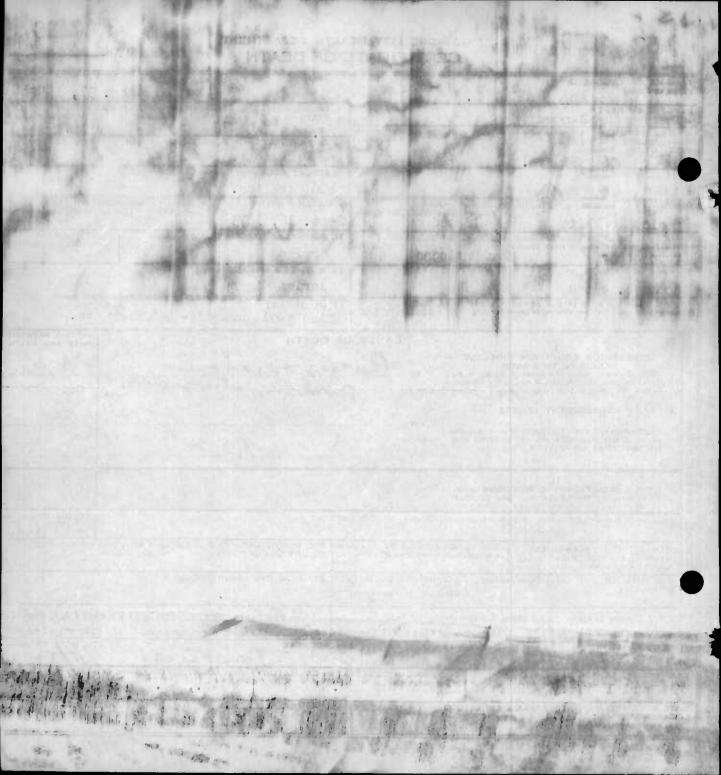
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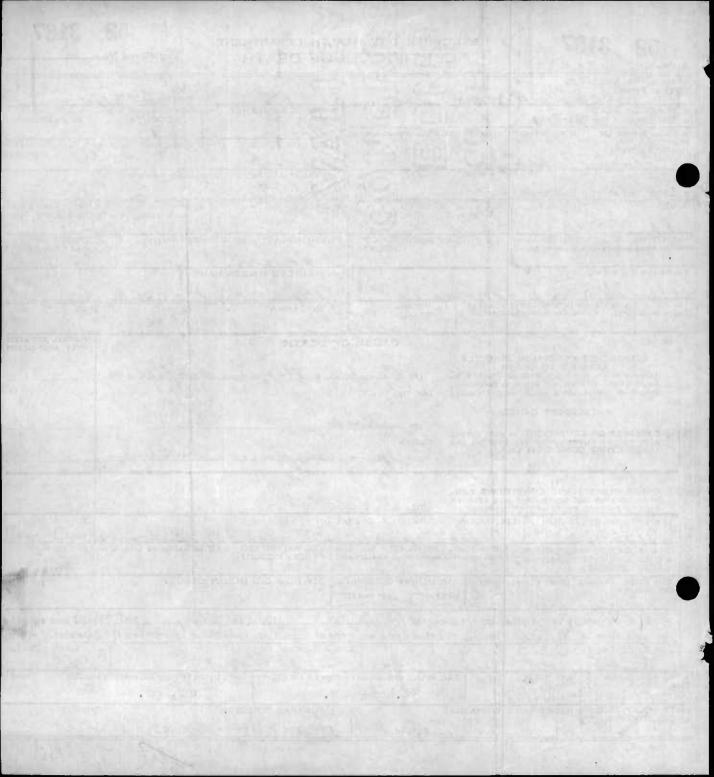
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

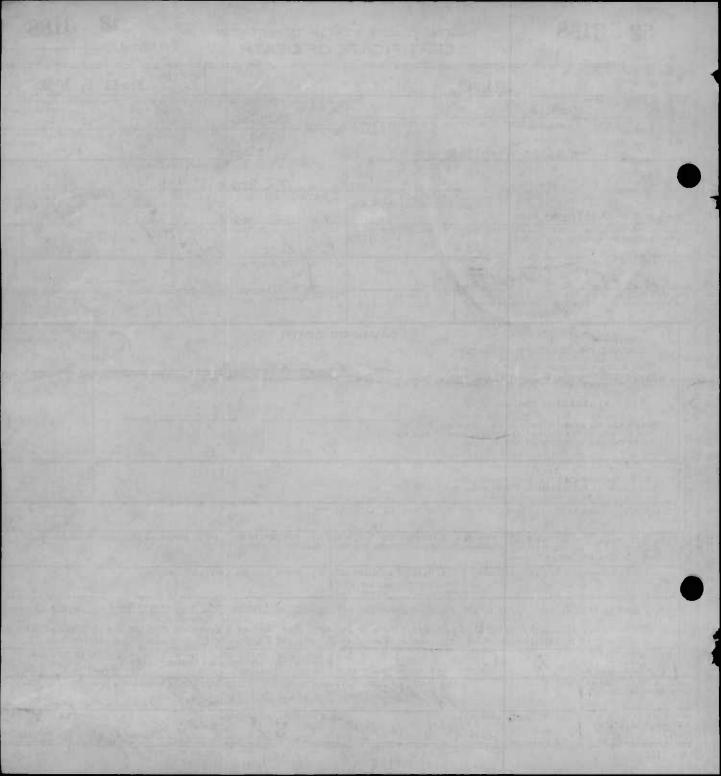
52 3186

Registered No .__ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mar. 31, 1952 DELLA C. WHITING DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 406 Park Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 406 Park Ave. c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Sept. 16, 1873 Female White Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Dress Maker Own Business 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarica Higgs Thomas J. Lucas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Miss Zuel Caywood - 406 Park Ave. 190 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arrigionatoris abdonument - Source LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 94719 to 3 - 31 , 1957 that I last saw the 22. I hereby certify that I attended the deceased from_ , 1950, and that death occurred at b. m., from the causes and on the date stated above. deceased alive on 3 23c DATE SIGNED 234 SIGNATURE 23B. ADDRESS 2201 Eut aw Place 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem. Balto. Md. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR VS 150

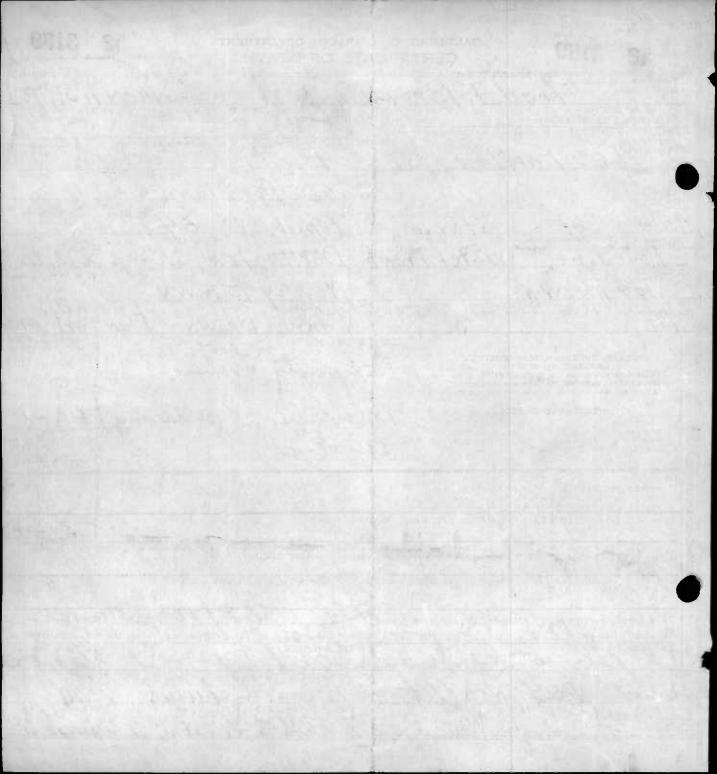


	03.07	BALTIMORE CITY HE	EALTH DEPARTMENT	. 52	3187		
DC BIRTH NO	3187	CERTIFICATI		Registered N	0		
	F DECEASED			2. DATE			
	of DEATH: ore City, Maryland	ochenous	4. USUAL RESIDENCE (Where deceased Myed. If it	nstitution: residence before admission)		
	AME OF (If not in hospit	al or institution, give street address or location)	Penn.	If outside corporate limits,	5		
9	niv. Ho	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	township)		
c. Length 5. SEX	of stay in Baltimore 6. COLOR OR RACE	Days 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder 1 Year Il Under 24 Hours ths: Days Hours: Min.		
	L OCCUPATION (Give kind of most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	4	12. CITIZEN OF WHAT COUNTRY		
13. FATHER			14. MOTHER'S MAIDEN NAME				
15. WAS DE	CEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	Dorothy 17. INFORMANT	Frank	DRESS		
Z DISE RISE UND	SEASE OR CONDITION LEADING TO DEA' docs not mean the mode of failure, asthenia, etc. It mea y or complication which of ANTECEDENT CAUS ASES OR CONDITIONS, in TO THE ABOVE CAUSE (A) ERLYING CONDITION LA	DIRECTLY TH of dying, e. g., ins the disease, eaused death.) DUE TO SES F ANY, GIVING STATING THE STATING THE OCCUPANT (C) TIONS CON-	of DEATH	try failur			
19A. DA	JTING TO THE DEATH, BUT HE DISEASE OR CONDITION TE OF OPERATION 1 CCIDENT WAS UNDER. OR CONTRIBUTING 1		nor 21c. WHERE DID	(If in Baltimore City, gi	20. AUTOPSY? YES NO No ve exact location)		
Z CAUSE	OF DEATH ME (Month) (Day) (Year)		ED 21F. HOW DID INJUF	RY OCCUR?			
dcceas 23A, SI	ed alive on 3/3/	cel M.D.	23B. ADDRESS	the causes and on the	23c. DATE SIGNED 3/3//,5-2		
Z4A. BURI TION, REMOV Remov	al 4/1/5;	24c. NAME OF CEMETE Mt.Rose C	em.	York, Pa.			
LOCAL RE APR	GISTR952 REGISTRAR	stor Williams My	25 FUNERAL DIRECTOR	Tichner 4	ADDRESS		
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BALTIMORE CITY HEALTH DEPARTMENT 3189 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write EURAL and give C. CITY OR TOWN INSTITUTION township! (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore 9. AGE (in years N Under) Year last birthday) Months Days Hours Min. Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 10 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF 2.3.a. work done during most of working life, even if retired) INDUSTRY TOVEDOME 13. FATHER'S NAME MOTHER'S GAIDEN NAME 100 ShoW 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, personal property of the control of the contro 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that Lattended the deceased from that I last saw the and that death occurred 1. 20 P. m., from the causes and on the date stated above. deceased alive on 19 23C. DATE SIGNED 23A SIGNATUR M. D. 24 DLOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR 24B. DATE RECEIVED BY REGISTRAL'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS 150

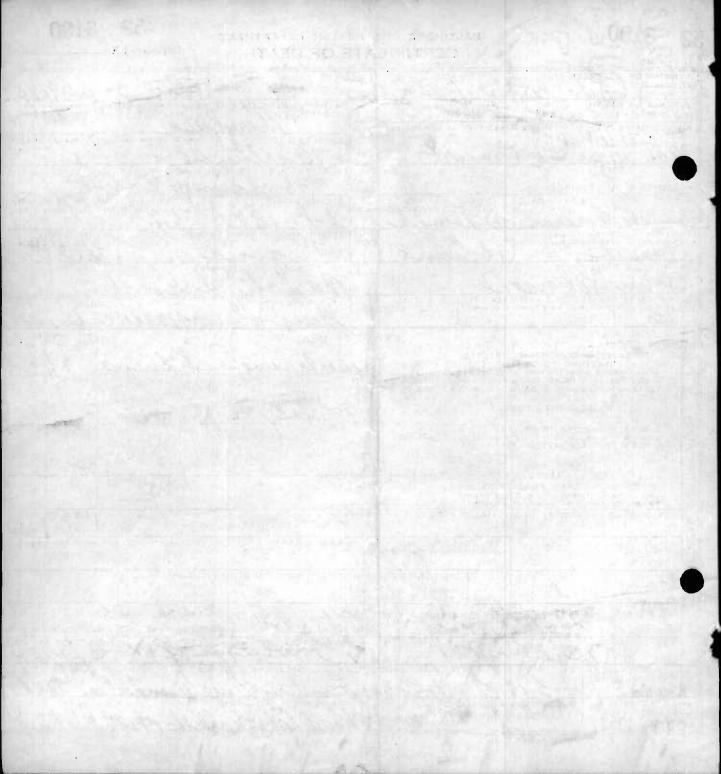


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BALTIMORE CITY HEALTH DEPARTMENT

52 3190

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write HURAL and give INSTITUTION muse Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9 AGE (In years | | Under 1 Year | H Under 24 Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) dido IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF working during most of working life, even if retired) INDUSTRY FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yee, give war or dates of service) 16. SOCIAL ADDRESS Yes, no or unknown) SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK March 195 that I last saw the 22. I hereby certify that Lattended the deceased from deceased alive on 2 Mand 19 5 L'and that death occurred at S:30 m., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 24A. BURIAL. CREMA-TION REMOVAL (Specify) DATE RECEIVED BY ADDRESS LOCAL REGISTRA

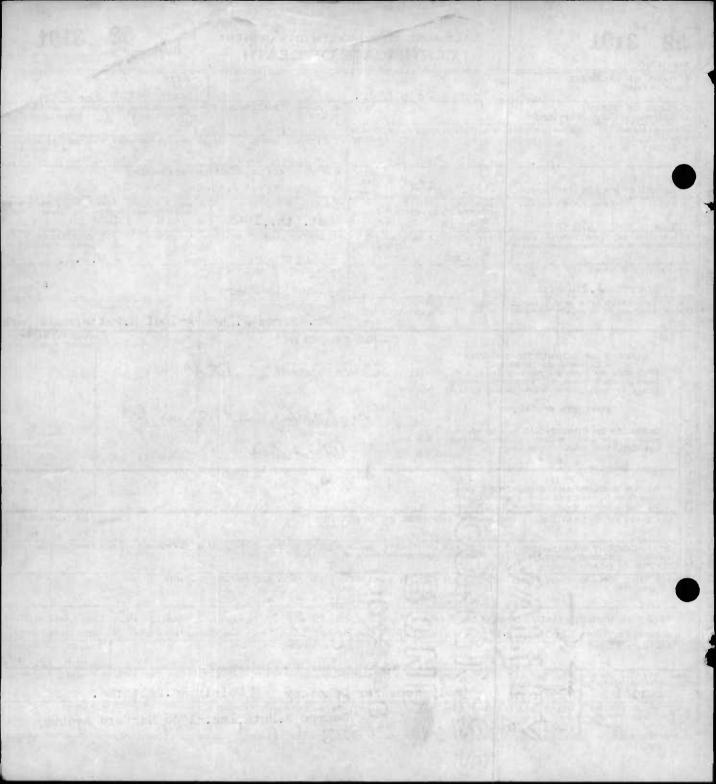


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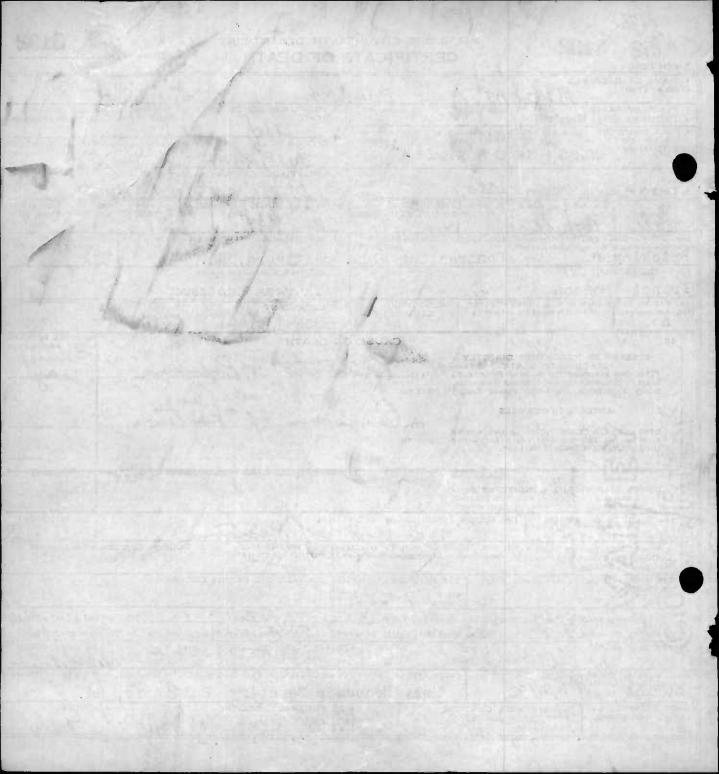
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3191
Registered No.

BIRTH NO.								
1. NAME OF D (Type or Print)						2. DATE OF	-1- 27	3000
3. PLACE OF D	EATH:	g, Andr	rew Joseph Jr.	4. USUAL RESIDE	ENCE (W		. If institut	
A. Baltimore C	City, Maryland	al on in atitue	tion, give street address or	A. STATE		B. COUNTY		before admission)
HOSPITAL OR	OF (II BOUIN BOSPIC	RI OF INSULUI	location)	c. CITY OR TOWN	(If	outside corporate li	mits, write	RURAL and give
101	St. J	oseph's	Hospital	Baltimore	e #18	9	-08	LOW HISTOPY
c. Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRE				
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH		9. AGE (in years	If Under T Y	fear II Under 24 Hours
Male	White	Sing	VED, DIVORCED (Specify)	Oct.5th.,I	943	8	5	26 Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (S	State or for	reign country)		ITIZEN OF
		No	ne	Baltimor	6			A.
Studen 13. FATHER'S N	IAME			14. MOTHER'S MA		ME	1000	
	J.Ludwig			Roselie F	oard			V
15. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	55
			SECONITI NO.	Mr.Andrew	J.Lud	wig-I54I N	.Patte	rnson Par
1B. 490	X		CAUSE	OF DEATH				TERVAL BETWEEN
DISEAS	E OR CONDITION		D					
(This does	not mean the mode of	TH dving a	8. (A) PM	umoria - Pot lowle.				
heart failu	re, asthenia, etc. It mea	ns the diseas	se, (A)			λ		
injury or complication which caused death.) DUE TO								
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Multimania - 121 Multi. (B) Muldiumania - 121 Multi. (B) DUE TO (C) Utandarian								
DISEASES OR CONDITIONS, IF ANY, GIVING (B) Malderloguent c mintal								
	OR CONDITIONS, II HE ABOVE CAUSE (A)		NG HE DUE TO	, 0				
UNDERLY	ING CONDITION LA	ST.	(6)	retard line				
			(C)			• • • • • • • • • • • • • • • • • • • •		
F	11							
TRIBUTING	IGNIFICANT CONDI	NOT RELAT	ED					
U TO THE D	ISEASE OR CONDITION							
	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION				20. AUTOPSY?
5		l ain pr	ACE OF INJURY (I	n or 21c. WHERE D	VID (14	in Politimore Cit		YES X ND
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in ferm, factory, atreet, office bldg., e	nc.) INJURY OCCU	R7	in Baltimore Cit	y, give ex	act location)
21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID	YAULNI	OCCUR?		
OF INSURT		m.	WHILE AT NOT WHILE					
22. I hereb	u certifu that I att	ended the	deceased from Feb.	ruary 27, 195	2 to Mar	rch 31 .19	52. that	t I last sam the
			and that death occur					
23A. SIGNAT		00		38. ADDRESS	,,	0 - 10 11 11		DATE SIGNED
	8 80	Hau	7 M. M.D.	11.00 N. Car	roline	Street		rch 31, 15
24A. BURIAL (S	REMA- 248, BATE	10	240 NAME OF CEMETE	RY DR CREMATORY	24D. LC	CATION (City, to		
Burial	4-3-1952		Holy Redeemer	Cemetery	Bela:	ir Rd.Balte	o:Md.	
DATE RECEIVE	D BY REGISTRAR	SIGNATI	JRE	25. FUNERAL DIR	ECTOR		ADDE	RESS
LOCAL REGIST	1 witing	on W	lievus MED	George J.Rut	h, Inc.	-1735 Har:	ford A	venue
11 11 193	4	301	mannet miles U	3 + 0	7			



important.

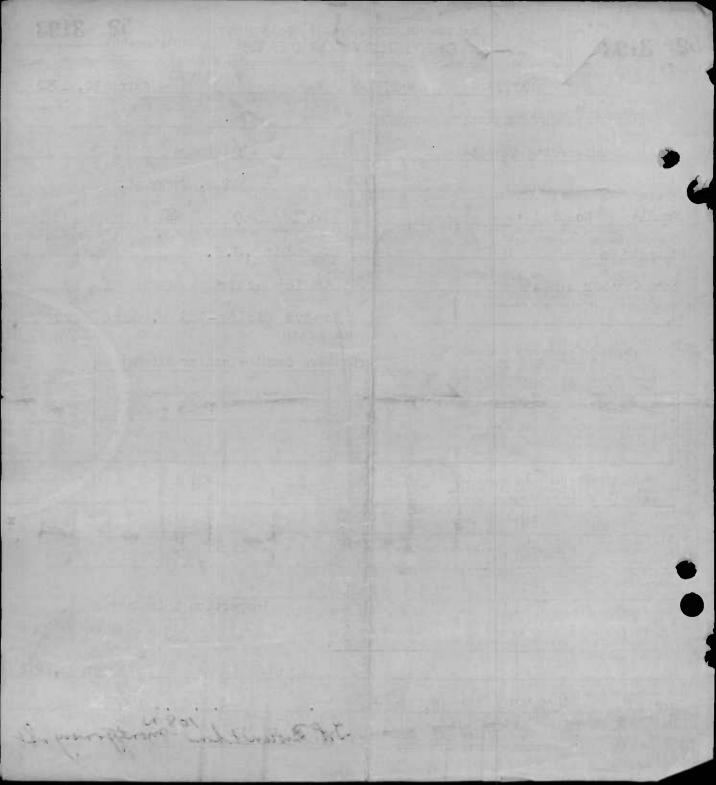


correct age. pecially important. Physicians, please write the causes of death clearly an

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

T 52 3193

BI	RTH NO.	3						
1.	NAME OF D	ECEASED				2. DATE		
(1	ype or Frint)	HAT	TIE	WHITELAW		DEATH Marc		
Α.		City, Maryland			A. STATE	CE (Where deceased lived, I B. COUNTY	f institution: residence before admission)	
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL. OR location) INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
		University H	ospital	1	B	laltimore	22-12	
				Yrs.	D. STREET ADDRESS (if rural, give location)			
G.	Length of s	tay in Baltimore		Mos. Days	5	22 W. Barry St.		
5	SEX Female	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) I	If Under 1 Year I Under 24 Hours Louths Days Hours Min.	
_		CUPATION (Give kind of	108 KINI	O OF BUSINESS OR	Io/I8/I889		I 12. CITIZEN OF	
		of working life, even if retired)		INDUSTRY	Self-later Town		WHAT COUNTRY?	
	dusewif				Columbia S	S.C.		
13	I. FATHER S N	IAME			14. MOTHER'S MAID	EN NAME		
	Sam Car		100		Annie Cart	er		
	s. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEE		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Geneva Fiel	ds-522 W.Bar	re Street	
	18. 44 -	X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	1 / -	SE OR CONDITION	DIRECTLY				ONSET AND DEATH	
	(This does	LEADING TO DEA		Hyperte	ensive cardiov	ascular disease		
	heart failu	re, asthenia, etc. It mes	ans the disea	se,	······································			
	injury or	eomplication which	caused deat.	h.) DUE TO		the state of the s		
	ANTECEDENT CAUSES							
Z	DISEASE							
2		HE ABOVE CAUSE (A)		HE DUE TO				
F	ONDERE			(C)				
RTIFICATION								
Ē		II SIGNIFICANT CONDI S TO THE DEATH, BUT						
Lu		ISEASE OR CONDITION						
LC	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
CA	21A. EXTERN	NAL CAUSE WAS	218. PL.	ACE OF INJURY (e.g., is			give exact location)	
DIC	UNDERLYIN	G OR CONTRIB-	about home,	farm, factory, street, office bldg., e	INJURY OCCUR?			
		(Month) (Day) (Year)	1	21E. INJURY OCCURRI	ED 21F. HOW DID IN	NJURY OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
		2 17 1 7 1 1	m.	WORK LJ AT WORK	, ,, inen	ection & inqui	PR 11	
	22. I'certi	ly that I took char	rge of the	remains described a	Deve, held an Ant	pection & inquir	thereon and from	
	the eve	idence obtained by	said Aut	opsy, Inspection or I	nquiry, find that so	aid deceased died on	the day stated above.	
	and de	ath in my opinion	resulted.	from: natural causes		icide []. homicide [].		
	23A. SIGNA	TURE		M	ASSISTANT MEDI	CAL EXAMINER	March 31,1952	
	4A. BURIAL.			24c. NAME OF CEMETE		4D. LOCATION (City, tow	n, or county) (State)	
	on, REMOVAL (S ริบาร์ อไ	1./2/50	7 7 7	Mt. Calvary	Ct	A. A. Co. 158	/	
-	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	2200 00000000000	25. FUNERAL DIREC	TOR COL	ADDRESS	
	OCAL REGIST		stone	NH: QUATE	JAR DO 1	1 108 W	500 mm	
A	P. 1. 191	7	77 3	regerand in a 1	> g. sucan	An oran	to mend of	
1	5 151		2.4				1/	

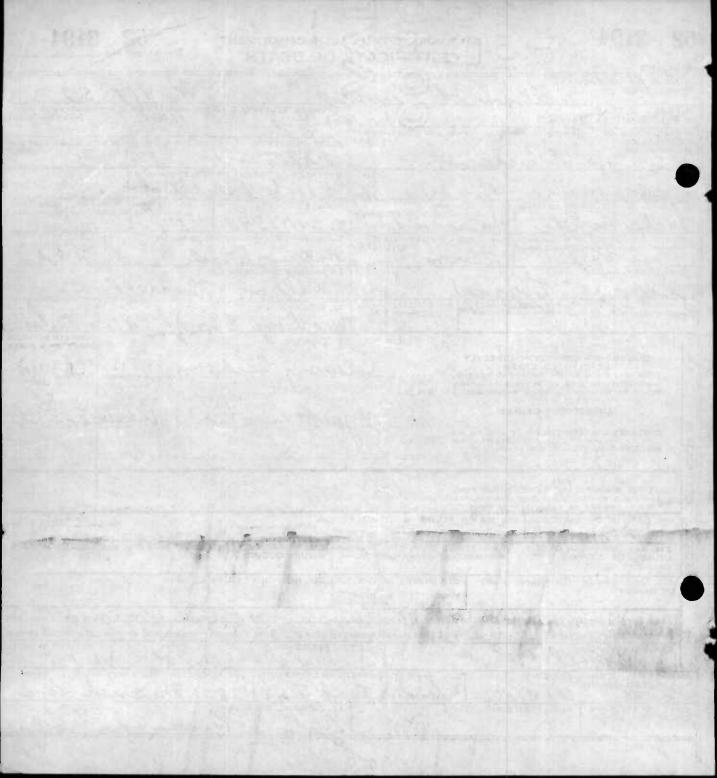


correct age

BALTIMORE CITY HEALTH DEPARTMENT

52 3194

CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) William H. Garnley 2. DATE OF DEATH 4/1/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland B. COUNTY before a	idence idmission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION So. Pulaski St. 19180. Pulaski St. Baltimore C. CITY OR TOWN (If outside corporate limits, write RURA) Baltimore 19180.	L and give township)
c. Length of stay in Baltimore Life Yrs. Days 291 So. Fulaski St.	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) 2/24/1898 9. AGE (In years last birthday) Months: Days Howard 2/24/1898 54	
cafe Resper Javern vallemore ma. Hs	OF OUNTRY?
Denne Corner Lillian Russell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service SECURITY NO. 17. INFORMANT ADDRESS	37:
18. Han I CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	mis.
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	2 400
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	740
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT	NO V
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	tion)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
deccased alive on 14, 19 2, and that death occurred at 12 Am., from the causes and on the date state	
23A. SIGNATURE Pass, M.D. 23B. ADDRESS When any 4-1-	SIGNED
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Burial 4/4/5-2 Loudon Park Lem. 380/ Frederick -4	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR	1 -ST clins
VS 150 2906M	



2-3/95

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTR'

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

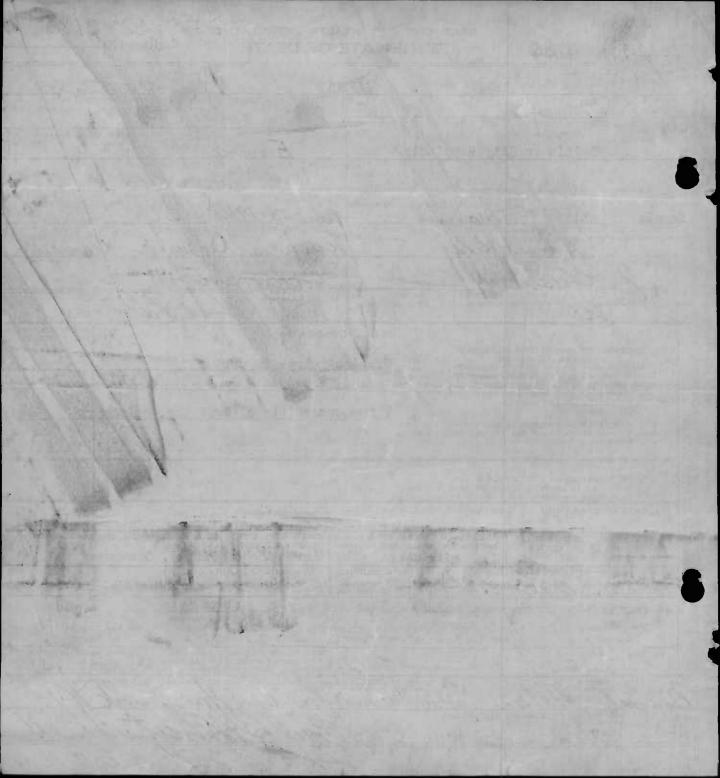
YES Y

23c. DATE SIGNED

ADDRESS

April 1. 1952

Registered No.



52 3196

BIRTH NO.	TE OF DEATH Registered No.							
1. NAME OF DECEASED (Type or Print) Vance Wilson MacCubbir	2. DATE OF DEATH March 30, 1952							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address location) 100	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
Yr								
c. Length of stay in Baltimore	THE JEST LOOP RETURN ROOM							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	B. DATE OF BIRTH Jan. 30, 1879 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Cutter Staus Paer	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?							
Joshua MacCubbin CLothing (A)	14. MOTHER'S MAIDEN NAME Mary C. McAllister							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO	Mary MacCubbin, 2830 Loch Reven Road							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	par Pneumonia 3 days							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF								
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office block CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCU	ig.,etc.) INJURY OCCUR?							
OF INJURY MILE AT NOT WH	ILE TO THE TOTAL PROPERTY OF THE PROPERTY OF T							
22. I hereby certify that I attended the deceased from 3/27/, 152; to 3/30/52, 19_, that I last saw the deceased alive on 3/30/52, 19_, and that death occurred at: 15Am., from the causes and on the date stated above.								
238. ADDRESS 238. ADDRESS 401 E. 25th . St. Bal to . Md . 4/1/52.								
248. BURIAL, CREMA? 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) (State) burial Paltimore Cemetery Paltimore. Maryland								
DATE RECEIVED BY TREGISTRAR'S SIGNATURE	DATE RECEIVED BY TREGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
VS 150	62 9 4							

A COLUMN TO THE PARTY OF THE PA second of the semiconnection are proportion

52 3197 Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	13/		
1. NAME OF DECEASED	mus McDonald		2. DATE OF DEATH March	29, 7052		
3. PLACE OF DEATH: A. Baltimore City, Maryland	AND TODO CAR	4. USUAL RESIDENCE (V	1			
B. FULL NAME OF (If not in hospital OR INSTITUTION 1225 Tennant	l or institution, give street address or location)	Maryland c. CITY OR TOWN (In Baltimore	f outside corporate limits,	write RURAL and give township)		
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1225 Tennant				
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MAI'Tied	Sept. 26, 1892	9. AGE (In years lf U last birthday) Mon	nder I Year ths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	108. KIND OF BUSINESS OR INDUSTRY himself	11. BIRTHPLACE (State or f	oreign country) 1	2. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	Gen-Moseln	14. MOTHER'S MAIDEN N	AME	0.5.5.6		
Ferdinand YcDona	ald The state of t	Josephine Corn		/		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mildred J. McDon		nant 'ay		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) ARTERIOSCLEROTIC (.V.) ISEASE DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
U TO THE DISEASE OR CONDITION	CAUSING IT.					
19A, DATE OF OPERATION	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City, given			
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR. WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR				
deceased alive on May 29, 195, and that death occurred at 2:30 m., from the causes and on the						
23A. SIGNATURE 24A. BURIAL. REMA-1 24B. DATE	ochow all M.D.	38. ADDRESS 67/4 Holod RY OR CREMATORY 240. L	and live	23c. DATE SIGNED 3/3/50 r county) (State)		
tion REMOVAL (Specify) 4/2/52	Mt. Carmel C		744	aryland (State)		
APAL REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS Paul Street		

VS 150

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nans: please write the causes of death county movement.

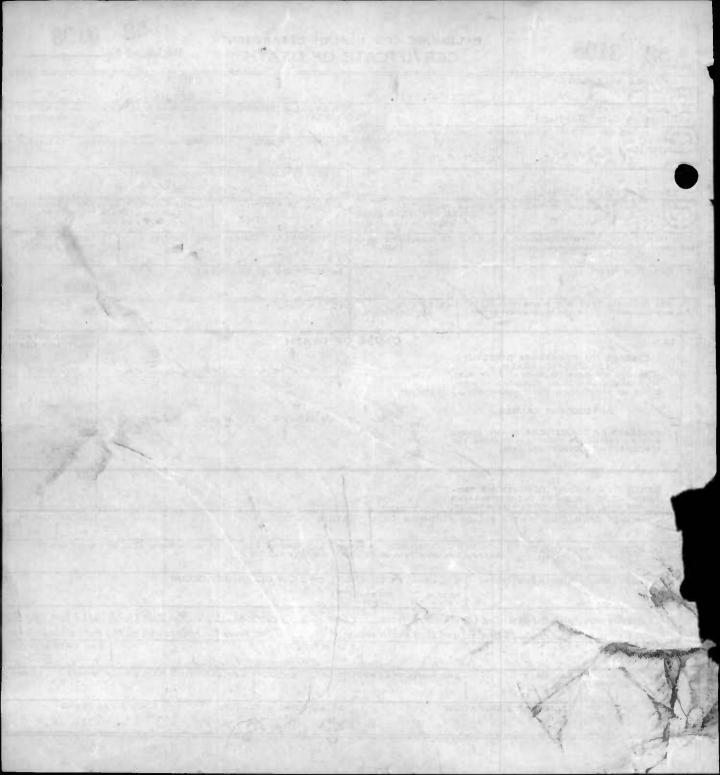
correct age

52 3198

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3198 Registered No.

1. NAME OF I (Type or Print)	DECEASED					
	_	ohn Se'	ramn. Sr.		2. DATE OF DEATH March	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or						
HOSPITAL OR location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
3700 S. Hanover Street			Palti more		0 4	
			Yrs.	D. STREET ADDRESS (If	rural, give location)	/
c. Length of stay in Baltimore Mos. Days			3700 S. Henovei	r Stireet		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		8. DATE OF BIRTH	9. AGE (In years II	Inder I Year If Undar 24 Hours		
male white WIDOWED, DIVORCED (Specify) Widowed		Feb. 20, 1861	last birthday) Mon	ths Days Hours Min.		
				11. BIRTHPLACE (State or f	7	
work done during most	CCUPATION (Give kind of of working life, even if retired)	IOB. KIND	INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
Ret. Pake	91.		And the second	Baltimore, Mary	land	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	good good					
15. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL			
(Yes, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		DRESS
				Mrs. Lizetta A.	centrant, 1122	an, Furnal a
18. 115	1.1		CAUSE (OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY				A STATE OF THE PARTY OF THE PAR
	LEADING TO DEAT	TH		coronary o	redución.	20 und
heart fail	ure, asthonia, etc. It mea	ins the discase	2,			
injury or	complication which	caused dcath.	DUE TO			
State of the latest and the latest a	ANTECEDENT CAUS	SES		~ .	,	1000
Z			(B) Myre	ulensire car	dio-vase dis	case
O DISEASES OR CONDITIONS, IF ANY, GIVING						
- DIEE TO						
RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
RISE TO UNDERL	THE ABOVE CAUSE (A)	STATING TH				
RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO			
RISE TO UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI	STATING TH	(C)			
RISE TO UNDERLUNDE	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT	STATING TH AST. ITIONS CON NOT RELATE	(C)			
RISE TO UNDERLUNDE	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	STATING THAST. ITIONS CON NOT RELATE CAUSING IT	(C)			20. AUTOPSY?
RISE TO UNDERLUNDE	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	STATING THAST. ITIONS CON NOT RELATE CAUSING IT	(C)			20. AUTOPSY?
OTHER TRIBUTIN TO THE I	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	STATING TH AST. ITIONS CON NOT RELATE I CAUSING IT	CO	ATION		20. AUTOPSY?
OTHER TRIBUTIN TO THE 19A. DATE	THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING	STATING TH AST. ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR	(C)	ATION or 21c. WHERE DID / (If in Baltimore City, gi	20. AUTOPSY?
OTHER TRIBUTIN TO THE I 19A. DATE	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- OR CONTRIBUTING DEATH	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for	FINDINGS OF OPER.	ATION a or 21c. WHERE DID (0.1 INJURY OCCUR?	If in Baltimore City, gi	20. AUTOPSY?
OTHER TRIBUTIN TO THE I 19A. DATE 21A. ACCII LYING CAUSE OF 21D. TIME	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year)	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for	CE OF INJURY (%, g,, lie	ATION a or 21c. WHERE DID (0.1 INJURY OCCUR?	If in Baltimore City, gi	20. AUTOPSY?
OTHER TRIBUTIN TO THE I 19A. DATE	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year)	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the causing it 19b.	CE OF INJURY (e. g., le arm, factory, street, office bldg., e	ATION a or 21c. WHERE DID (0.1 INJURY OCCUR?	If in Baltimore City, gi	20. AUTOPSY?
OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCILLYING CAUSE OF 21D. TIME OF INJURY	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year)	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it is not to be about home.	CE OF INJURY (e.g., Inarm, factory, street, office bidg., e	ATION a or 21c. WHERE DID (6.) INJURY OCCUR? ED 21f. HOW DID INJUR	If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location)
OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCILLYING CAUSE OF INJURY 22. I here	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year) by certify that I att	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the control of the contro	CE OF INJURY (o. g., Inarm, factory, street, office bldg., o	ATION Lor 21c. WHERE DID (10) INJURY OCCUR? ED 21f. HOW DID INJUR There 1950, to	If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location) That I last saw the
OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCILLYING CAUSE OF 21D. TIME OF INJURY 22. I here acceased of	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year) by certify that I att dive on Many	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the control of the contro	CE OF INJURY (e.g., Inam, factory, street, office bldg., e.g., inam,	ATION 1 or 21c. WHERE DID (1) 10 INJURY OCCUR? ED 21f. HOW DID INJUR 10 50, to red at	If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location) that I last saw the e date stated above.
OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCILLYING CAUSE OF INJURY 22. I here	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year) by certify that I att dive on Many	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the control of the contro	CE OF INJURY (e.g., Inam, factory, street, office bldg., e.g., inam,	ATION Lor 21c. WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJUR TO THE TOTAL MAN TO TH	If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location) that I last saw the edate stated above. 23c. DATE SIGNED
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OTHER TRIBUTIN TO THE I 19A. DATE 21A. ACCII LYING CAUSE OF INJURY 22. I here increased (23A. SIGNA) 24A. BURIAL TION, REMOVAL (14)	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year) DEATH (Month) (Day) (Year) ON CREMA- Specify) CREMA- Specify) 4/3/2	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the causing it is presented to the cau	FINDINGS OF OPER. CCE OF INJURY (e. g., Inarm, factory, street, office bldgo 21E. INJURY OCCURRENT NOT WHILE AT WORK AT WORK AT WORK AT WORK deceased from and that death occur 24C. NAME OF CEMETER CECAR 1111 C	ATION a or 21c. WHERE DID (c.) INJURY OCCUR? ED 21f. HOW DID INJURY THE TOTAL TOT	If in Baltimore City, given the causes and on the Colon (City, town, of A. Co.,	20. AUTOPSY? YES NO Ve exact location) That I last saw the edate stated above. 23c. DATE SIGNED 4-1-57
OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCII LYING CAUSE OF 21D. TIME OF INJURY 22. I here acceased of 23A. SIGNA	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year) DEATH (Month) (Day) (Year) TURE CREMA: 248/PATE ED BY REGISTRAR	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the causing it is presented to the cau	FINDINGS OF OPER. CCE OF INJURY (e. g., Inarm, factory, street, office bldgo 21E. INJURY OCCURRENT NOT WHILE AT WORK AT WORK AT WORK AT WORK deceased from and that death occur 24C. NAME OF CEMETER CECAR 1111 C	ATION a or 21c. WHERE DID (to.) INJURY OCCUR? ED 21f. HOW DID INJUR Tred at m., from to	If in Baltimore City, given the causes and on the ocation (City, town, car).	20. AUTOPSY? YES NO O ve exact location) That I last saw the endate stated above. 23c. DATE SIGNED 4-1-57 or county) (State) aryland ADDRESS
OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCILLYING CAUSE OF 21D. TIME OF INJURY 22. I here acceased of 23A. SIGNA 24A. BURIAL. TION. REMOVAL (194) DATE RECEIVED	THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1 DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Year) DEATH (Month) (Day) (Year) TURE CREMA: 248/PATE ED BY REGISTRAR	STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the causing it is presented to the cau	FINDINGS OF OPER. CCE OF INJURY (e. g., Inarm, factory, street, office bldgo 21E. INJURY OCCURRENT NOT WHILE AT WORK AT WORK AT WORK AT WORK deceased from and that death occur 24C. NAME OF CEMETER CECAR 1111 C	ATION a or 21c. WHERE DID (c.) INJURY OCCUR? ED 21f. HOW DID INJURY THE TOTAL TOT	If in Baltimore City, given the causes and on the ocation (City, town, car).	20. AUTOPSY? YES NO Ve exact location) That I last saw the endate stated above. 23c. DATE SIGNED 4-1-5-7 aryland



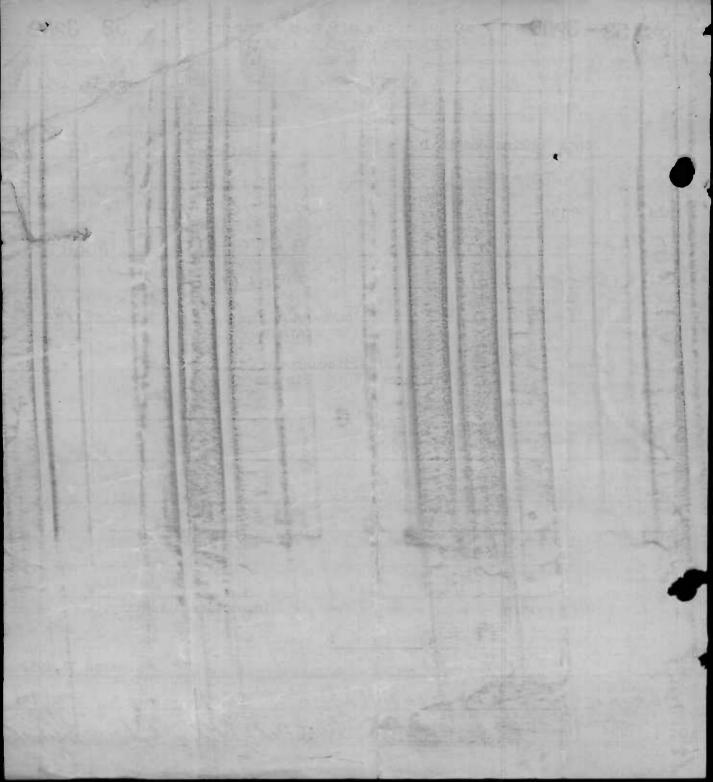
BALTIMORE CITY HEALTH DEPARTMENT

52 3199

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Lillian M. Prightwell March 27. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Paryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL, and give INSTITUTION township) South Paltimore Ceneral Hospit Pultimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 716 . Himburg Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years II Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) White female vidowed 10A. USUAL OCCUPATION (Givekind of 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Paltimore Carrent Vorker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLUTHINGLA Joseph Krox Annie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Emanuel Knox. 613 West West Street 4-10-5/4 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 195°C 1952 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 6 19 m., from the causes and on the date stated above. deceased alive on 23d. DATE SIGNED ADDRESS 23A. SIGNATURE 24D. LCCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Holy Redeemer Cemetery DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 1217 St. Paul Street VS 150

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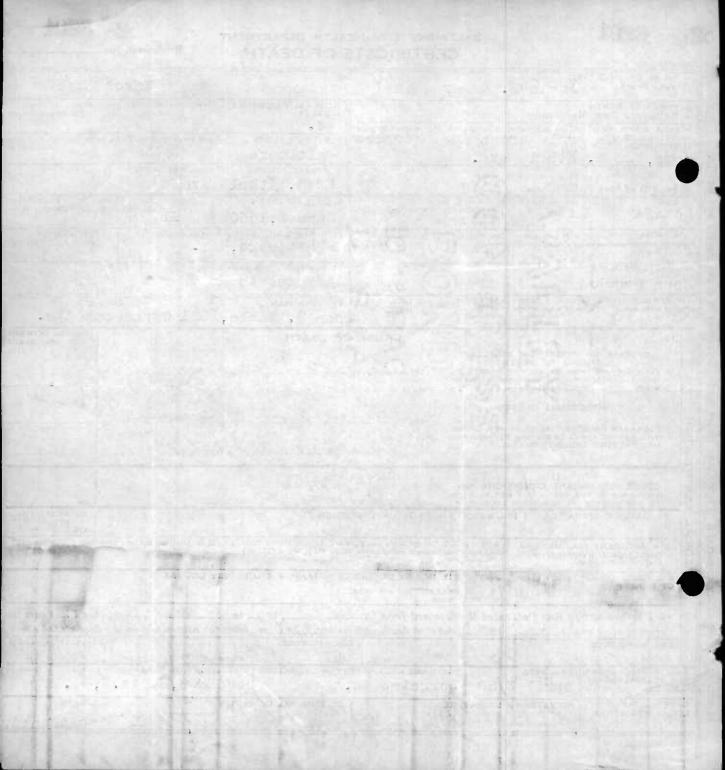
1	- 410 52 3200 вл	ALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	52 Registered No.	3200
	1. NAME OF DECEASED (Type or Print) HARRY	WOLF	W	2. DATE OF DEATH March 3	
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit		4. USUAL RESIDENCE (WE A. STATE Maryland	B. COUNTY	before admission
	Johns Hopkins Hos	pital Vrs.	C. CITY OR TOWN (If o		township
		Mos. Days	348 Ball	OW Court 9. AGE (III years H Unde	I Year If Under 24 Hours
	Male White MA 10A. USUAL OCCUPATION (Givekind of ork dopeduring most of working life, even if retired)	RRED ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	last birthday) Months 75 eign country) 12.	CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME CHRISTIAN WOL	F. DIEE!	14. MOTHER'S MAIDEN NAI	ME ?	<u>> H.</u>
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO. 2-0 42-0039	HARRY C. M	OF GIEN	(A)
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused de	e. g., (A) Arteri	of DEATH / osclerotic Cardiov Disease		INTERVAL BETWEE
1	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING	ATEO			- 4
-	1 19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		YES NO
11		PLACE OF INJURY (e. g., i. ne, farm, factory, street, office bldg., d		in Baltimore City, give	exact location)
114	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	
	22. I certify that I took charge of the the evidence obtained by said Avand death in my opinion resulted		Autopsy, Ir	aspection or Inquiry	
	23A. SIGNATURE		23B CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINER Marc	h 31,1952
-	24A. BURIAL, CREMA- TION REMOVAL (Specify) BURIAL 4-3-J2 DATE RECEIVED BY REGISTRATE SIGNA	GIEN HA	RY OR CREMATORY 24b. LO VE N. Gov., 25. FUNERAL DIRECTOR	RICH IE RO	odness (State)
A	PR REGISTAR Huntington N V S 151	Maus 1	Middled IS	light, 600;	4 Harfresh



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIR	TH NO.			CERTIFICATI	E OF DEATH	registered	110.
1. N (Typ	NAME OF D	Annie]	I. Bak	er		2. DATE OF MAT	ch 29/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
HOS	SPITAL OR (General Ger	rman A	ion, give street address or ged Peopless)		(If outside corporate lim	its, write RURAL and give township)
	me, ZZ	S. Athol	Ave.	Yrs.	D. STREET ADDRESS	If rural give location)	7
		tay in Baltimore	Life	Mos. Days	22 S. Athol	Ave	
	male	6. COLOR OF RACE	Wido	E, MARRIED, /ED, DIVORCED (Specify) WEQ		27	If Under 1 Year II Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working of working life, even if retired) None INDUSTRY			Baltimore,	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	John Bouchat			14. MOTHER'S MAIDEN NAME Elizabeth Erdman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					17. INFORMANT John S. Mahle		Oak Ave.
RTIFICATION	DISEASES	re, asthenia, etc. It mes complication which of ANTECEDENT CAUSE OF CONDITIONS, INC. AND CONDITION LANG CONDITION CONDITI	caused death SES F ANY, GIVIN STATING TH	(B) Authority (C) Parket	enter of	Greader !	Jewel years.
CEI	TO THE D	TO THE DEATH, BUT SEASE OR CONDITION OF OPERATION	CAUSING 1		ally		20. AUTOPSY?
4	ISA. DATE C	OPERATION	SB. MAJOR	PINDINGS OF OFE			YES NO
		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF INJURY (e. g., i farm, factory, street, office bidg.,	n or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
	21D. TIME (OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		JRY OCCUR?	
-	deceased al	ive on 29 man	tended the	deceased from Jand that death occur	rred at 9'30 f. m., from 23B. ADDRESS RY OR CREMATORY 24D	the causes and on Location (City, tow dlawn, Balto	n, or county) (State)
	TE RECEIVE		'S SIGNAT	Villianus MS	25 FUNERAL DIRECTO	. 1 4707	Address Edmondson As



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3202

Registered No .--1. NAME OF DECEASED (Type or Print) 2. DATE 3/30/52 Carrie A. Gover DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORHOOD S Nursing Home, location) Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5313 Edmondson Ave. o. STREET ADDRESS (If rural, give location) Yrs. 36 yrs Mos. 38-S. Catherine St c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years | | Under | Vear | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. June 6. 1890 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10s. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home N. J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown ----Reed 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Joshua Gover. 38 S. Catherine St CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Dec 1.193 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 三 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION -20. AUTOPSY 19A. DATE OF OPERATION seemons to Breen 21B. PLACE OF INJURY (e. g., In or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY 1952 that I last saw the 22. I hereby certify the coded the deceased from! deceased alive on 12 5 4, 195 and that death occurred al 2 W.m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A SHOMATURA 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY BULL 181 Woodlawn. Balto. 7. Md. April 2/52 Lorraine Pk. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Turtinglow Edmondson Ave

13900 . 1 10 0 00 . The second second

Glen Haven.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

Glen Burnie, Md.

ADDRESS

24A. BURIAL, CREMA-

HON, REMOVAL (Specify)

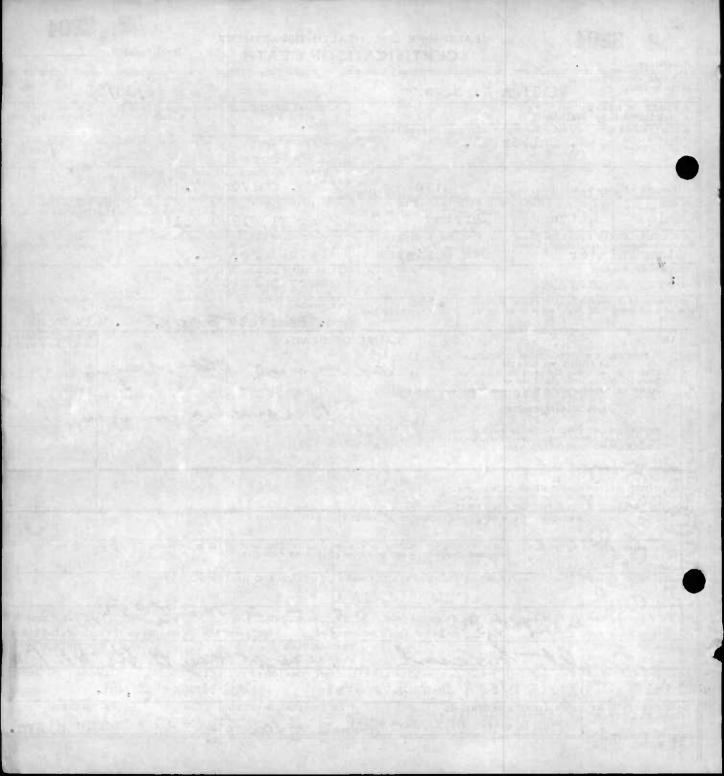
DATE RECEIVED BY

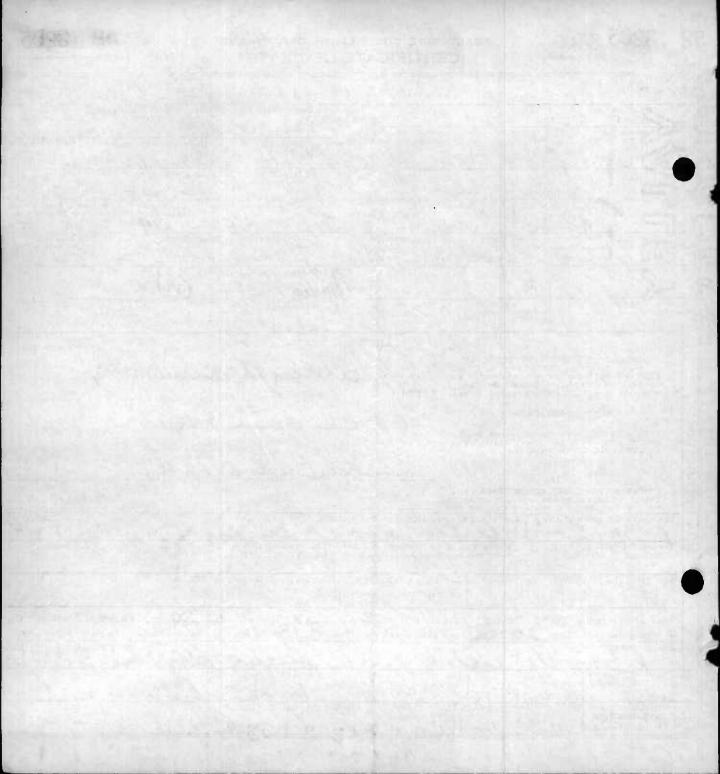
LOCAL REGISTRAR

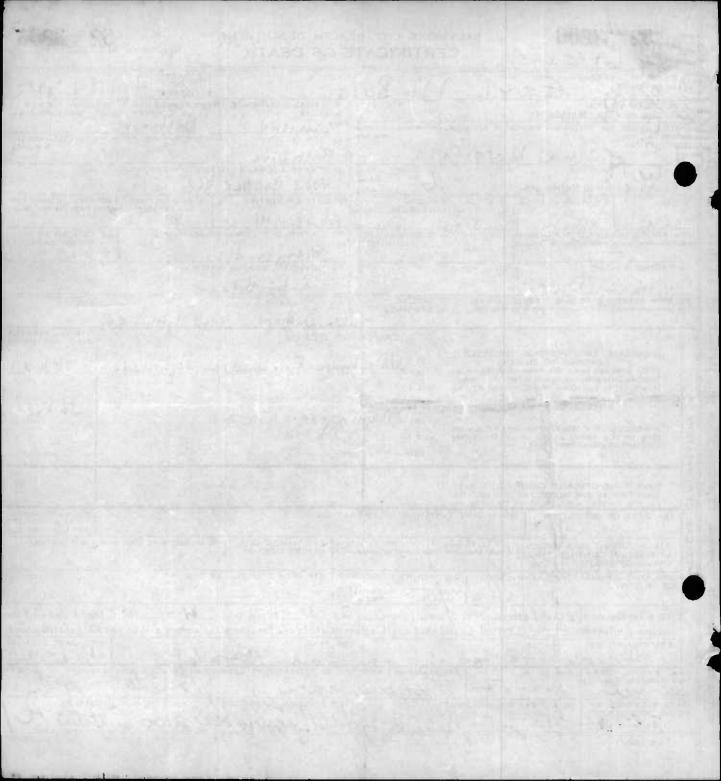
24B. DATE

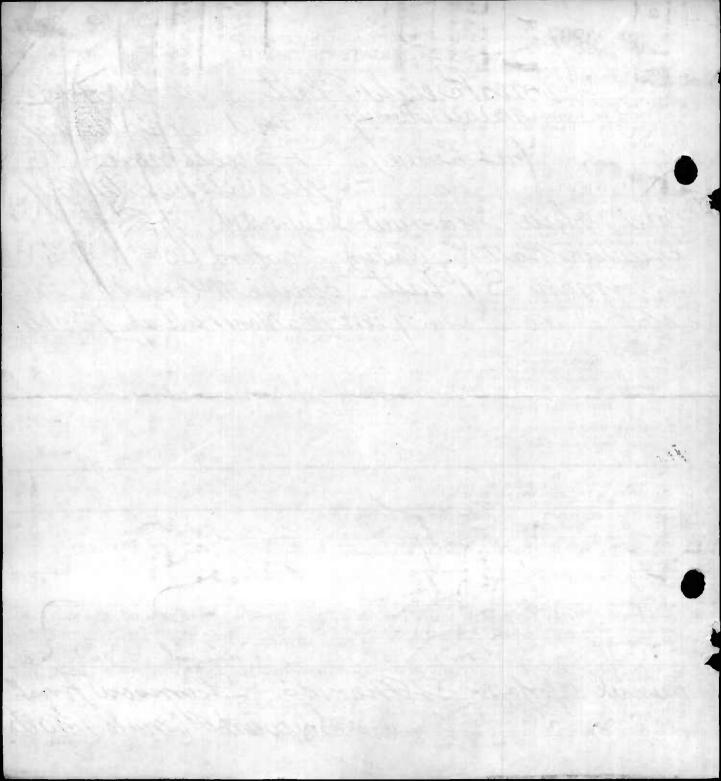
REGISTRAR'S SIGNATURE

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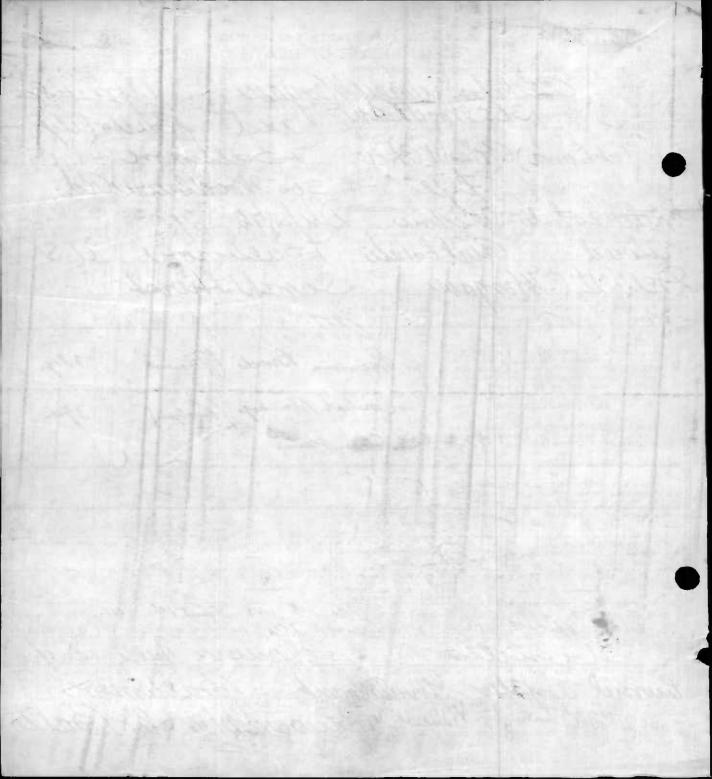






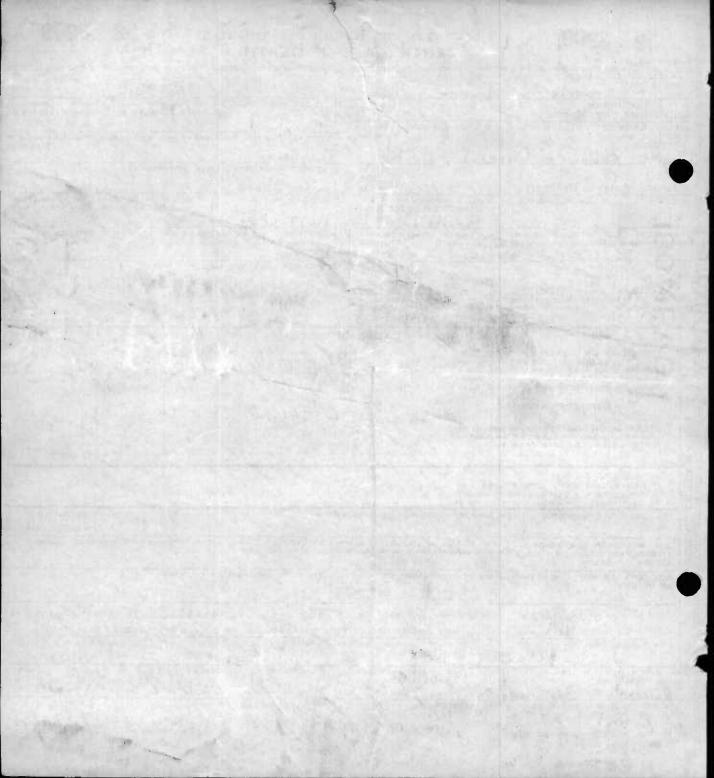
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Re	egistered No
1. NAME OF DECEASED Pullip Sulney Montant 2. DAT OF DEAT	14/2 /
B. FULL NAME OF (If not in hospital or institution, give street address or	Scello Elle
athone Reland Ok. 10 1 3 affilm. On Street Address (If rural, give	rporate limits, write RUXAL and give (township)
c. Length of stay in Baltimore Left Mos. Days 305 Woodla	ww. Kd.
11/011/ WILLIAM X SHOWS X 41/31/16 7.	(In years Under 1 Year If Under 24 Hours If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work ig life, even if retired) 10B. KIND OF, BUSINESS OR NDUSTRY NDUSTRY	ntry) 12. CITIZEN OF WHAT COUNTRY?
Musell Mucolife Palumon	U US
Dellitt C. Moranu " Samb Lin	est-V
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yos, no or unknown) (If yos, give war or dates of pervice) 16. SOCIAL SECURITY NO.	ADDRESS
18. 331X CAUSE OF DEATH	INTERVAL BETWEEN DNSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	
Z ANTECEDENT CAUSES Carelas / Handy / Panly	i) 3 gm
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY2
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (o. g., in or 21C. WHERE DID (If in Balti	more City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	,
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Ma 1945, to afril 1	, 1952, that I last saw the
deceased alive on fire 1952, and that death occurred at 75 m., from the cause	s and on the date stated above.
F.A. Chaland M.D. 15 E. Bill It	seloud afie 2/32
24A. BURIAL, CREMA- 24B. DATE 24C MAME OF CEMETERY DR CREMATORY 24D. LOGATION	(City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 28 FUNERAL DIRECTOR LOCAL REGISTRAR	ADDRESS
	V/ /2010/5



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered	No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Francis J. Byrnes 2. DATE OF DEATH 41	[50]
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	If institution: residence hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CLTY OF TOWN (If outside corporate lies	mits, write RURAL and give
South Raltimore General Hospital Pasadena	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years)	If Under 1 Year If Under 24 Hours
	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of forking life, even if retired) David by blemes & Balto.	WHAT COUNTRY?
13. FATHER'S NAME	
Michael Syrnes allele Smith	Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) 2/2-22-2930 Angura a. Burnes L	abether aleh
18. 442 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cerebral Hemorika	
heart failure, asthenia, etc. It means the disease,	92
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B) Tymertens. 00 C-V-D	WITH TENED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
O THE DISEASE OR CONDITION CAUSING IT.	L 20 MUTODSY2
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City of the contribution of t	y, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3 27 52, 19, to 41, 52, 19	, that I last saw the
deceased alive on 41152, 19 and that death occurred at 11:50 m., from the causes and or	
Yung-tsing Word, M.D. 1238. ADDRESS White Street	41152
24A. BURIAL CREMA-124B. DATE TION, REMOVAL Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
DATE RECEIVED BY REGISTRAR & SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS
ADR 2 1952 Tuntington Wolliams M. C. Carline 8 Mans 14	100 Schales
A CONTRACTOR OF THE CONTRACTOR	NE March

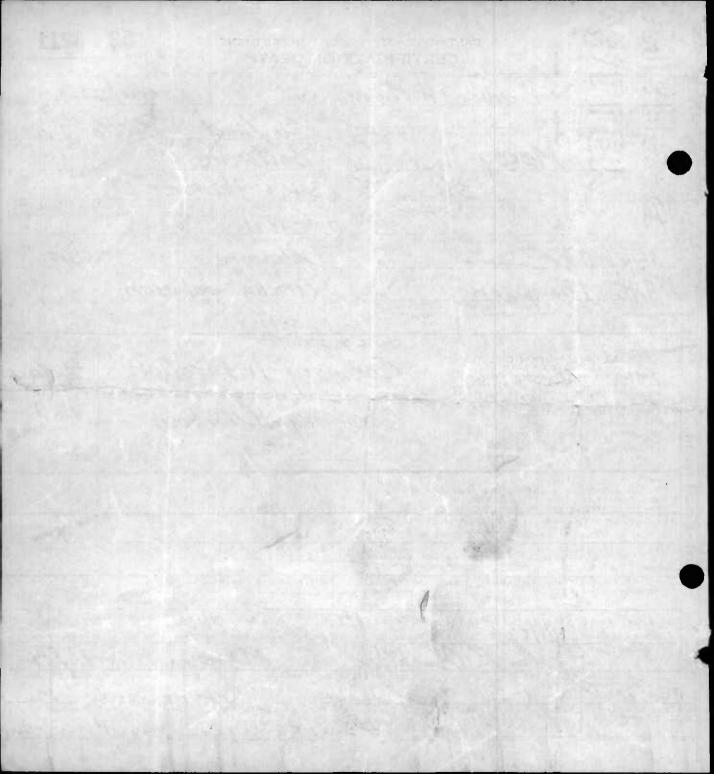


SPECIAL CONTRACTOR OF THE PARTY OF THE PARTY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3211 Registered No.

BIRTH NO.	F DEATH
1. NAME OF DECEASED (Type or Print) Edward H. Thomps	on 2. DATE OF DEATH 4/1/52
S. PLACE OF DEATH: A. Baltimore City, Maryland A. S	SUAL RESIDENCE (Where deceased lived, If institution; residence B. COOD before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Mercy Hose	Baltimore 25-04 township
c. Length of stay in Baltimore 36 Mos. Days	3454 Hanover ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. D WIDOWED, DIVORCED (Specify)	ATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 11. EINDUSTRY	IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	amelia Johnson
15. WAS DECEASED EVER IN U.S. RMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT ADDRESS
No.	self.
18. 420.) CAUSE OF E	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	ary Infarction =day
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ary thrombosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
F I	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATIO	
	IC. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	NJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	11. HOW DID INJURY OCCUR?
m. work AT WORK 22. I hereby certify that I attended the deceased from 3/28	195 to 4/1/52, 19 , that I last saw th
deceased alive on 4/1/57-19 and that death occurred of	t 5 m., from the causes and on the date stated above
23a. SIGNATURE COM R. Buella 23b. A	DORESS Meray 23c. DITESIGNED
24A. BURIAL, CREMA- 4B. DATE 24C. NAME OF O METERY OF	GREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 4-4-52 GLEN HAVE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR APR 2 Tuntington Wallauxon Market	UNERAL DIRECTOR 1 ADDRESS
VS 150 2903U	wee thyons 4001 RETURIENCE



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sophia Tennant Cunningham March 31, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF none HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) life Yrs. 309 Winston Avenue c. Length of stay in Baltimore 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | last birthday) | Months Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hours! Min. Sept. 7, 1886 female married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY housewife Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Shea Edward Tennant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. Clinton H. Cunningham - 309 Winston Ave. NTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH L'ORONARY OCCLUSION (This does not mean the mode of dying, e.g., henrt failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARTERIOSCLERUSIS. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO HYPERTENSION UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20 AUTOPSY NONE (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! 19 K3 to March 31, 19'2, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on france 15, 1950, and that death occurred at 3 p.m., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 6210 York Road 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 4 - 3 -Loudon Park Baltimore, Md. burial DATE RECEIVED BY 25. FUNERAL DIRECTOR Sons Inc. 1900 Eutaw Place REGISTRAR'S SIGNATURE

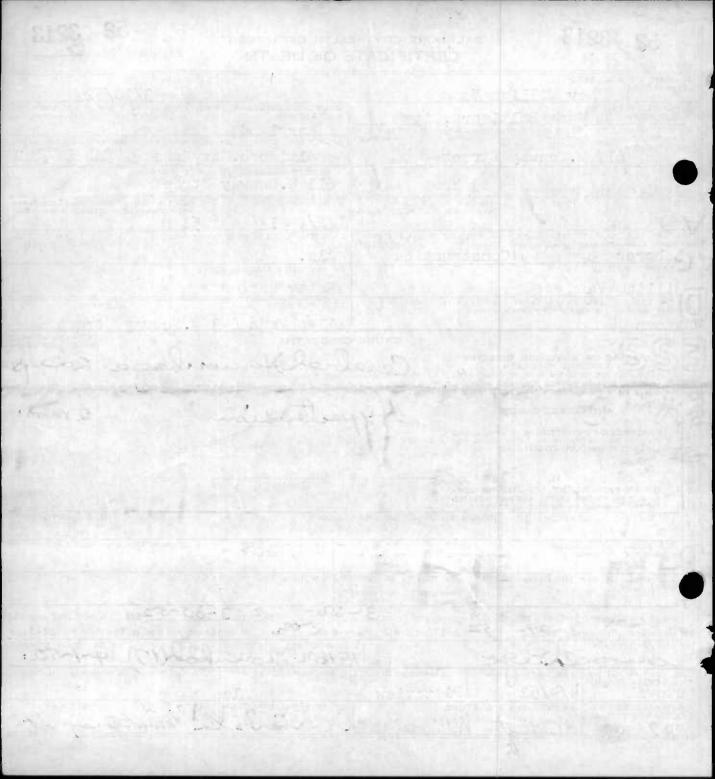
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LOCAL REGISTRAR

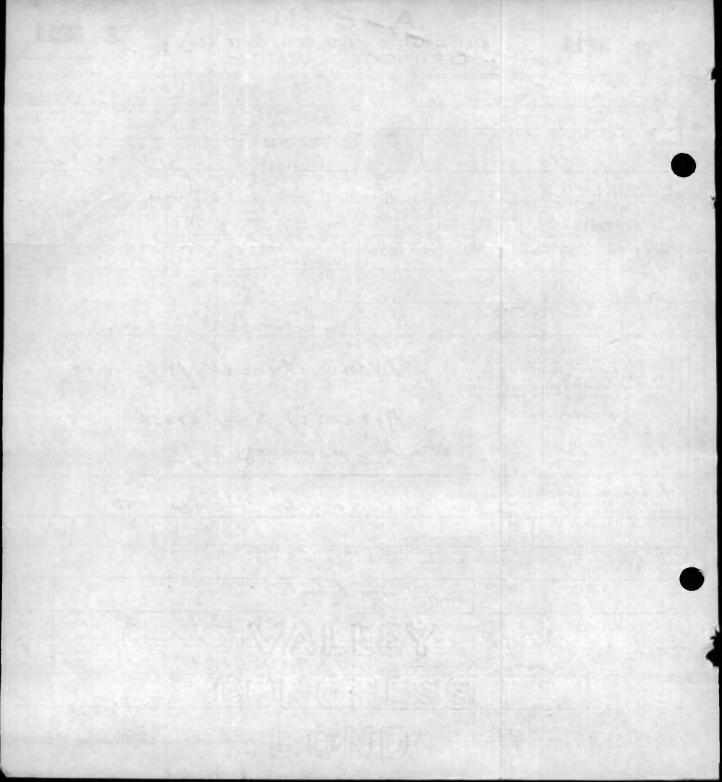
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3213

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Rev William Vann DEATH 3/30/5 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, MarylandBaltimore, City A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION W. Conway Street Baltimore, Maryland D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6II W. Comway Street c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. I/2/I90I 10A. USUAL OCCUPATION (Givekind of) 108, KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Ala. Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Betty Carter William Vann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. inknown Ellen Vann 643 Conway Street 18. 331 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, OATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, form, factory, street, office bldg., ctc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT deceased alive on 3 29-, 1952, and that death occurred a 500 m. from the cause with the saw the 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE Pittsview Removal DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL OIRECTOR LOCAL REGISTRAR VS 150



52 3214 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Henry F. Wagner DEATH March 31. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 506 1. Franklin St. A. STATE B. COUNTY before admission) Martland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 506 W. Franklin St. c. Length of stav in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Last birthday) | Months Days | Liours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Mar. 23, 1877 Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wagner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Wm. B. "agner 2717 Gridon Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chronic Myocarditis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO Altersol Scelerosis ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONcose ulcors Lower legs TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 1950 to . 195 that I last saw the 22. I hereby certify that I attended the deceased from_ ... 1952 and that death occurred at 3 Am., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 248, DATE TION, REMOVAL (Specify) Baltimore, Md. Apr. 3, 1952 Loudon Park Burial

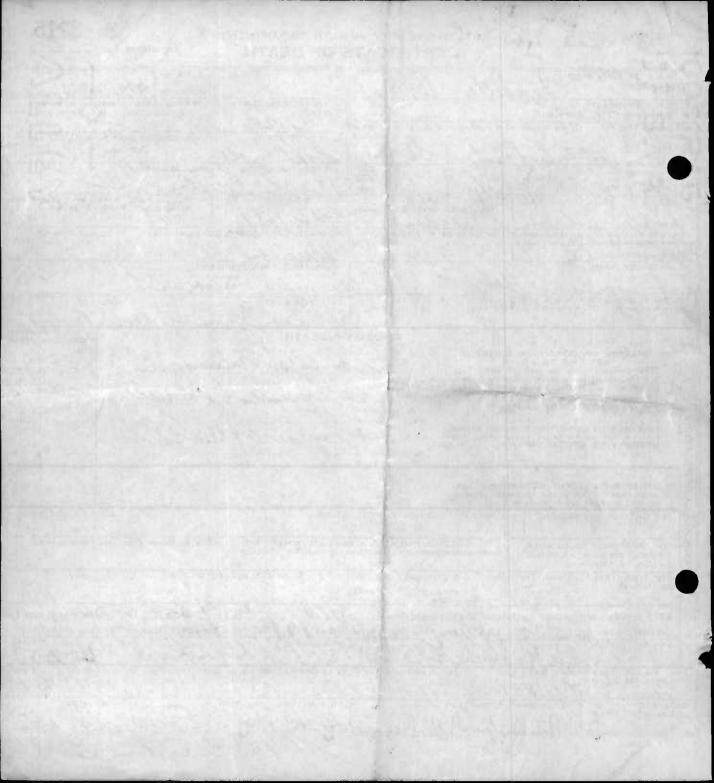


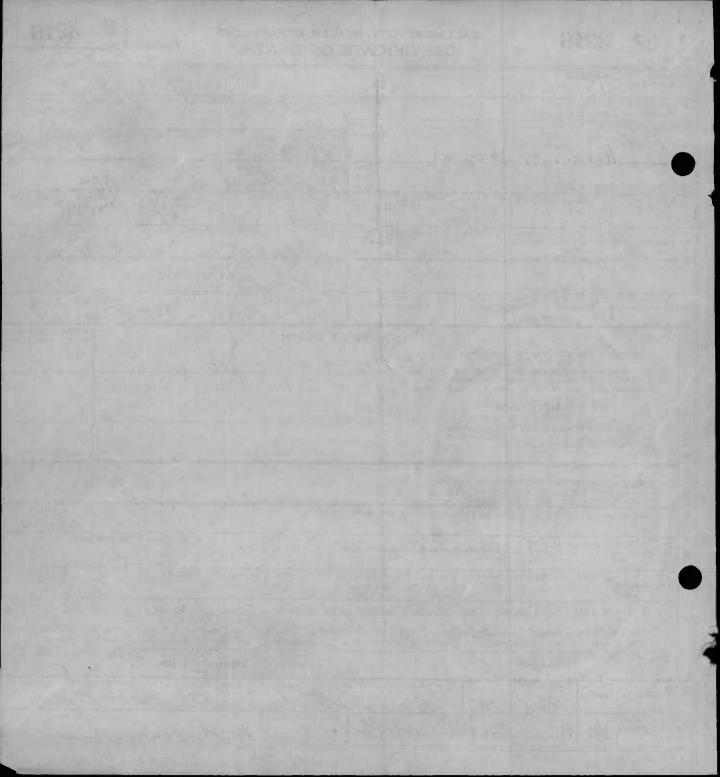
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BALTIMORE CITY HEALTH DEPARTMENT

52 3215

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Vwa o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 9. AGE (In years last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widas 0 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Arusewel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M lemen 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
You, no or unknown) (If you, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. (Yes, no or unknown) 116238 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES NOIL (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO FICA (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED 냅 TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION YES NO 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Land that death occurred at Inc., from the causes and on the date stated above. deceased alive on 3 19 23A. SIGNATURE ADDRESS M O. 240. LOCATION (City, town, or edunty) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-24B. DATE TION REMOVAL (Specify) Hurry DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

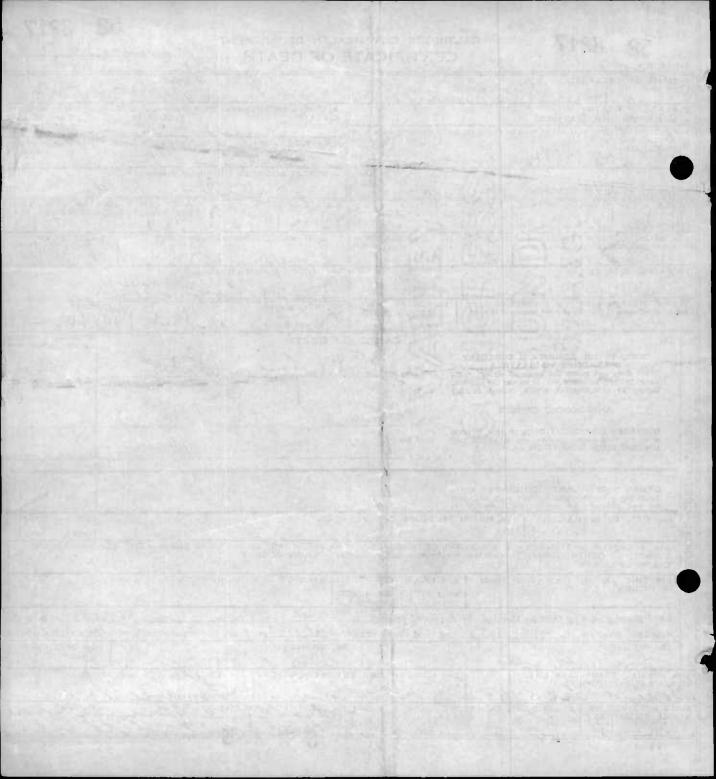


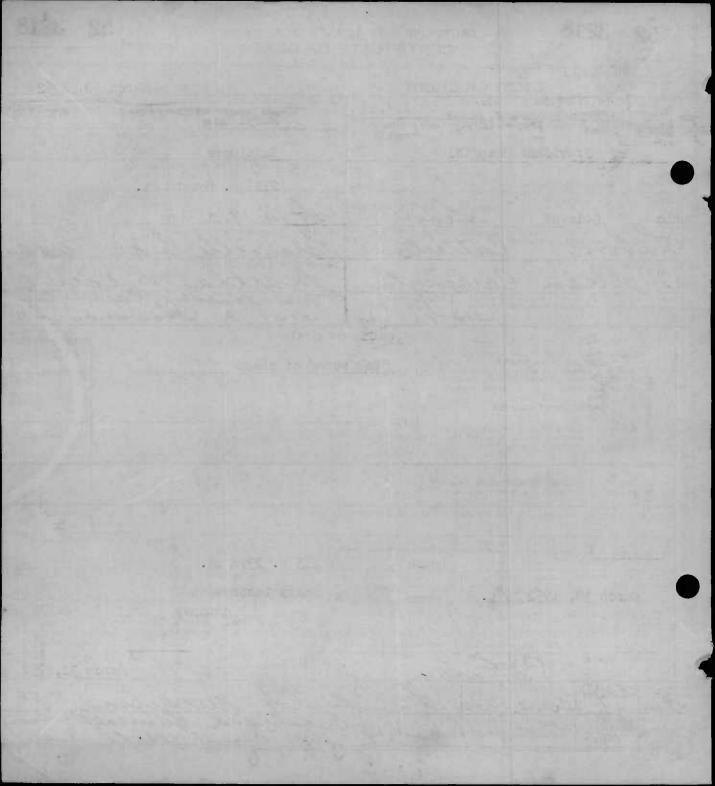


BALTIMORE CITY HEALTH DEPARTMENT

52 3217
Registered No. 3 6 7

BI	RTH NO.			OLIVIII IOATI	L OI DEATH		
	NAME OF DE	CEASED	_			2. DATE OF	-1-51
		fattre	enn	inton		DEATH	~ 0 4
3. A.	PLACE OF DE Baltimore Ci	ATH: ity. Maryland			4. USUAL RESIDENC	E (Where deceased lived, B. COUNTY	If institution: residence before admission)
В.	FULL NAME C		tal or instituti	on, give street address or		and	
	STITUTION	5 00 r 1 1		location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
	20	5 Chilton	1 an		Salle	more /J	07
				Yrs. Mos.	o. STREET ADDRESS	(If rural, give focation)	
		ay in Baltimore	over 5	Days Days	1 21056	lifton a	ne
5.	SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years lnst birthday)	Months: Days Hours: Min.
7	emole	Whered	111	downad	12-141876	75	
10 work	A. USUAL OCC	UPATION (Glvekind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	11 1-	worl	own		Longreen	md	M.S. A.
13	FATHER'S N				14. MOTHER'S MAIDE		
	Zam.	of ten	· - M	Tim	mary T	2 en it	à
15	. WAS DECEASED	EVER IN U.S. ARME	D FORCES	16. SOCIAL	17. INFORMANT		ADDRESS
(10	, no or unknown)	(If yes, give war or date	on or service)	SECURITY NO.	My Relocar	(55ta)	208 Dolphin of
	18. 422	. 2			OF DEATH		INTERVAL BETWEEN
	DISEASI	OR CONDITION	DIRECTLY			1	ONSET AND DEATH
		LEADING TO DEA	TH	. (A)	Myrea	ndelis	5 months
	heart failur	e, asthenia, etc. It mes	ans the disease	e,			***************************************
				.) DOE 10			
	A	ANTECEDENT CAUS	SES				Service Service
Ö	DISEASES	OR CONDITIONS,	F ANY, GIVIN	(B)G	***************************************		***************************************
Ē	UNDERLY	ING CONDITION LA	STATING TH	E OUE TO			
U				(C)			
RTIFICATION		11		1 Million College College			
I.N.		GNIFICANT COND					
CE		SEASE OR CONDITION	CAUSING I	T			
L	19A. DATE OF	F OPERATION	19B, MAJOR	FINDINGS OF OPER	RATION		20, AUTOPSY?
CA	21:	THE WAS INVESTIGATED	1 21- 5'	CE OF INTURY (-	n or 21c. WHERE DID	(If in Raltimons Cit	y, give exact location)
EDICA	LYING OR	CONTRIBUTING	about home, f	CE OF INJURY (e. g., i	etc.) INJURY OCCUR?	(II in Baltimore Cit	y, give exact location)
Ш	CAUSE OF D						
	OF INJURY	Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereby	certify that I at	tended the	deceased from 12	- 29-, 1951, to	0 4-7-,19	5 7, that I last saw the
	deceased alive on 1 1952, and that death occurred at 11/15 Am., from the causes and on the date stated about						
	23A. SIGNAT				38. ADDRESS	7 1 0	23c. DATE SIGNED
1	Fran	MS. 4. DO	sund	ders M.O.	1029 m.	Hucker)	+-2-52
24 TI	A. BURIAL, C	REMA- 24B. DATE	2 - 1	24c. NAME OF CEMETE	RY OR CREMATORY 2	40. LOCATION (City, to	wn, or county) (State)
K	Jurias	dist. 6, 1	14502	mr.	Jean	Judies	n ms.
	TE RECEIVED		SIGNATU	////·	6. SUPERAL OFFICE	nd Stun	challes Nome
	APR 2 1	422 Thunt	inglow	Volumens- And	16021 NI	round IX	ell are.
	VS 150		10 9	2 2 11-1	, 3 4	7	





BALTIMORE CITY HEALTH DEPARTMENT 3219 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY INSTITUTION JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: risidence before admission) (If outside corporate limits, write RURAL and give Yrs. c. Length of stav in Baltimore Dnys 6. COLOR OR RACE SINGLE, MARRIED, WID WED, DIVORCES (Specify) fonths Days Hours Min. IOA. USUAL OCCUPATION Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME mia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (e., no or nnknown) (If yes, give war or cates of service) 16. SOCIAL ADDRESS SECURITY NO. HOPKINS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICAT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (o. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE!

22. I hereby certify that I attended the deceased from may 29, 1952 to m., 1952 that I last saw the deceased alive on 1952 and that death occurred at 3 m., from the causes and on the date stated above.

23A. SIGNATURE

| 23B. ABDRESS | 130 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140

23A. SIGNATURE C. Shave M. D. 23B. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED 3-30-52

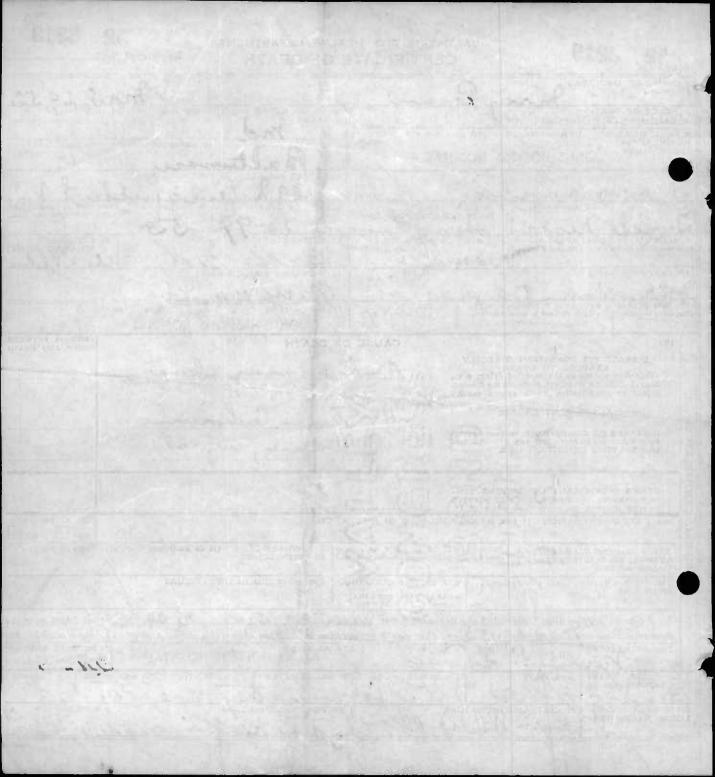
24a. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specific) 4/4/52 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

NV5 150 00

DATE RECEIVED BY PREGISTRAR'S BIGNATURE
LOCAL REGISTRATION

LOCAL

72084

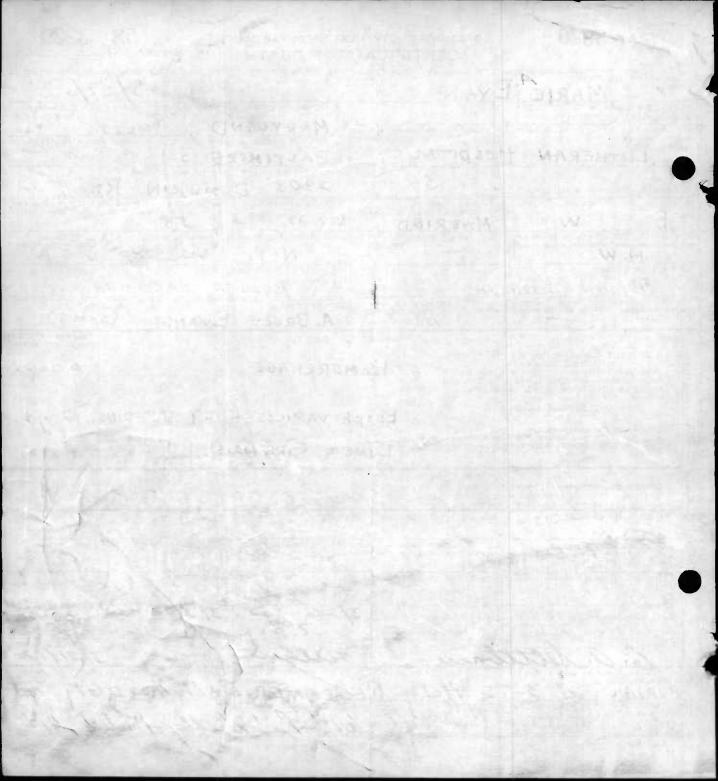


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BALTIMORE CITY HEALTH DEPARTMENT

52 3220 egistered No.

В	IRTH NO.			CERTIFICAT	E OF DEATH		
1.	NAME OF D	ECEASED A	7			2. DATE	- 1 1
(1	Type or Print)	MARIE	EVA	NS		OF DEATH	3/31/52
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENC	E (Where deceased li	ved. If institution: residence TY before admission)
	FULL NAME		tal or institut	tion, give street address or	# # 4 m a a a 4 a	un D.	9170.
I H	OSPITAL OR		11	location)	c. CITY OR TOWN		te limits, write RURAL and give township)
	LU.	THERAN	HOSP	DITAL	BALTIMO	RF (22)	township)
				50 Yrs. Mos.	D. STREET ADDRESS	(If rural, give locat	0 -4 -
		tay in Baltimore		Days		UNBRIN	KD. # 22
5.	SEX	6. COLOR OR RACE		E, MARRIED, NED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	ars if Under I Year If Under 24 Hours
	-	W	MA	RRIED	Nov. 29, 189_	5 58	
		CUPATION (Give kind of working life, even if retired		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	H-	W.			N·Y.		U.S.A.
13	FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	
	HUR	IAN BORI	NIDA		? ASSUN	TA LAGO	MARSINI
15 (Ye	6. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	-			SECURITY NO.	A. BRUCE	EVANS	(SAME)
	18. 50	1.1)		CAUSE	OF DEATH		INTERVAL BETWEEN
11	DISEAS	E OR CONDITION	DIRECTLY				
	(This does	LEADING TO DEA	of dying, e. :	E. WHEI	MORRHAGE	•••••	5 days
	heart failu	not mean the mode are, asthenia, etc. It mes complication which	of dying, e. :	g., (A) HEI	MORRHAGE		3 days
	heart failu	not mean the mode are, asthenia, etc. It mea complication which	of dying, e. ans the diseas caused death	8., (A) HEI			
z	heart failu injury or	not mean the mode ire, asthenia, etc. It mes complication which	of dying, e. ans the diseas caused death	g, (A) HEI	HORRHAGE h. VARICES	r G.T. Bui	
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TIF	DISEASE: RISE TO T UNDERLY	in not mean the mode- ire, asthenia, etc. It mer complication which ANTECEDENT CAU: S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L.	of dying, e. ans the disease caused death SES IF ANY, GIVII STATING TI AST.	(A) HEI	h. VARICOS	Barrier	EEDING 2 Yrs
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CAL CERTIFI	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	In the mode are, asthenia, etc. It mer complication which ANTECEDENT CAUSES OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION LIGHT CONDITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year of the condition of the conditi	of dying, e. and she diseas and she diseas and she diseas caused death SES IF ANY, GIVII STATING TI AST. ITIONS COINT RELATING TO CAUSING 10	S, (A) ESO D (B) ESO D (B) ESO D (C) 1.V NO. (C) 1.V ACE OF INJURY (e.g., if farm, factory, street, office bidg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur	RATION Dec. 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID IN.	(If in Baltimore	2 Yrs
MEDICAL CERTIFI	OTHER STRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA	In the mode are, asthenia, etc. It mer complication which ANTECEDENT CAUSES OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION LIST OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year of Certify that I at live on 3/3/10/10/10/10/10/10/10/10/10/10/10/10/10/	of dying, e. ans the diseas ans the diseas ans the diseas ans the diseas are the diseas and the desired of the	S, (A) LSO D (B) LSO D (B) LSO D (C) LIV NO. (C) LIV ACE OF INJURY (e.g., interpret) (fice bidg.) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK Ac deceased from and that death occur and that death occur.	RATION TO BE CIRRHOS TO BE CIRRHOS	(If in Baltimore JURY OCCUR? om the causes and	20. AUTOPSY? YES NO City, give exact location) 7. 19—7 that I last saw the lon the date stated above. 23c. DATE SIGNED
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especially important. Physicians: please write the causes of death clearly and legiony.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

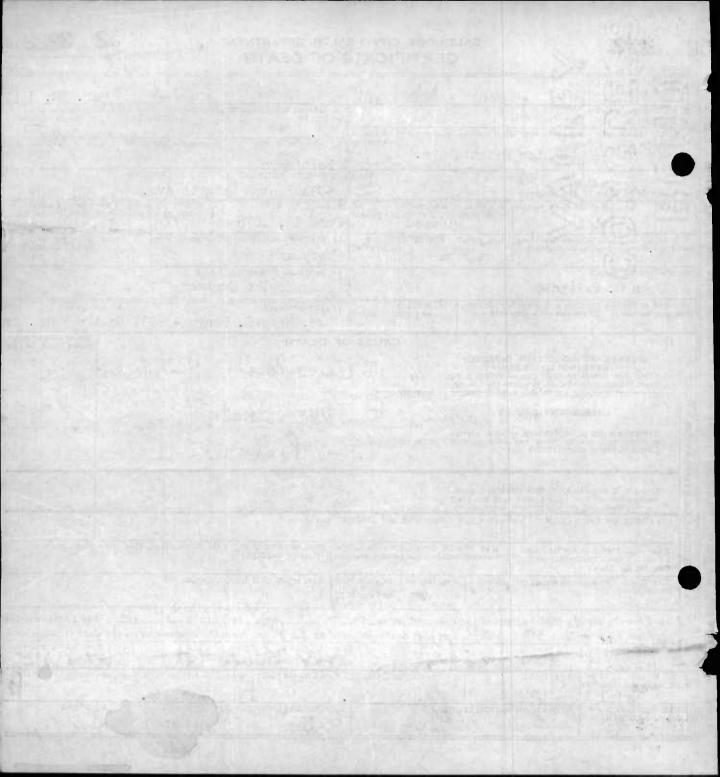
BI	RTH NO.			CERTIFICATI	L OI DEATH		
	NAME OF D	MAGIN	Nis	MABEL	. Lee	2. DATE OF DEATH 4	-1-52
Α.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. B. COUNTY	If institution; residence before admission)
	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street address or location)			mits, write RURAL and give township)
	Length of a	tow in Politiman	70	Yrs. Mos.	// /	If rural, give location)	A
-	SEX SEX	tay in Baltimore 6.COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
fe	male	white		ried	June 19, 1879	72	
		CUPATION (Give kind of of working life, even if retired)	10s. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
The second	usewife	, working mo, even in recited/	at hom		Marvland		WHAT COOKINT
	FATHER'S				14. MOTHER'S MAIDEN		
F	hilip T.	Donohue			Mary Belle Hall		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS AVe.
,	No		,	none	Mr. William E.	Maginnis - 5	5003 Edmondson
	18. 476	2 0	0.1410	CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION		4	1 1. 1	P .	/ ^
	(This does	not mean the mode	of dying, e.	s., (A) Cong	stre beart	failure	6 hrs -
		re, asthenia, etc. It mes complication which				1 1 1 1 1 1	
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Z		ANTECEDENT CAUS	, LJ	(B) Hyper	ensur letter	, relies tu	-
0		OR CONDITIONS, I					
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101			4		*		
RTIFICATION	OTHER S	II IGNIFICANT COND	TIONS CO	N	1.		
lul	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED Trone in	cystic alust	7	
O				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	3-31	- 52 3 i	neisia	nal herma,	acherious		YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i ferm, factory, atreet, office bldg.,		(If in Baitimore City	y, give exact location)
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I hand			2	-30 1952 to 4	4-/ 10	12that I last saw the
		y certify that I at		and that death occur			the date stated above.
	23A. SIGNAT		-, /p=,	and that death occur	23B. ADDRESS	Cité capses una on	23c. DATE SIGNED
1	/ / -	nry D/	err	1 6/2 · M. D.	University	Hospital	4-1-52
2.	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2 D.	LOCATION (City, to	wn, or county) (State)
111	Burial	1/1/52	X	Green Mount	Cem. F	Balto. Md.	
	ATE RECEIVE		S SIGNAT		25 JUNERAL DIRECTO		DDRESS
	DD 7 10		ston of	VM: C. 24-0	100 4 0V	waner y	- Spis
=	VS 150	304	1	The state of the s	D-4-1/11/	6)	at Mal
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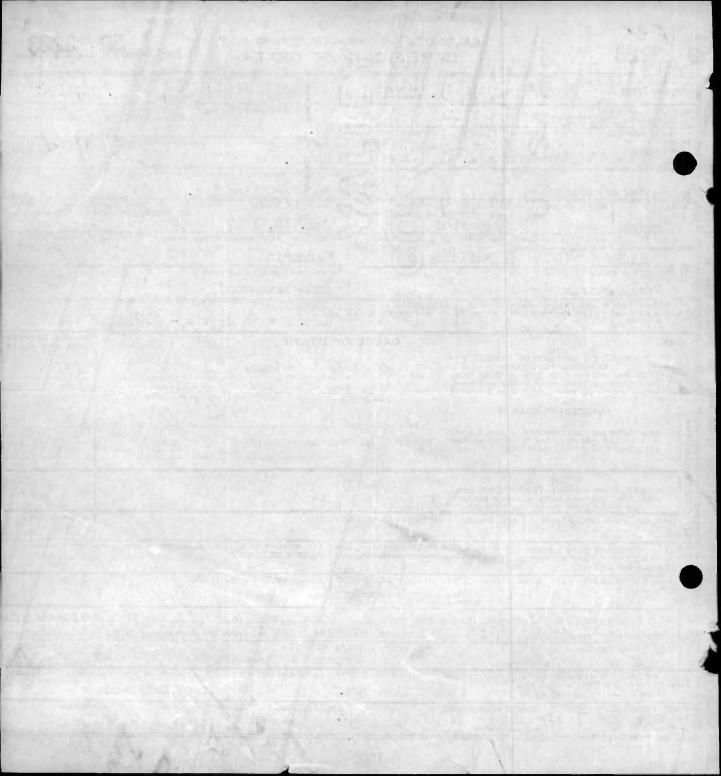
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.	2 58		CLIVIII ICATI	- OI DEATH		
	NAME OF D	ECEASED				2. DATE OF	
			MARIE	LOUISE LEWIS		DEATH	Mar. 30, 1952
3.	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I	If institution: residence before admission)
			al or institut	ion, give street address or	Md.		21/
	OSPITAL OR	C027 D	II ad mbd.	location)	C. CITY OR TOWN	(If outside corporate lim	its, write HURAT and give
		5931 Benton	neight	s Ave.	Baltimore	4	ownship)
				Yrs.	o. STREET ADDRESS	If rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	5931 Benton He	eights Ave.	
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	It Under 1 Year If Under 24 Hours Ionths: Days Hours Min.
	female	white	WIDOV	widowed	June 18, 1878	73	Days Hours, Mill.
		CUPATION (GivekInd of		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
W 01	housew.	of working life, even if retired) LLE	at h	OME	Maryland		WHAT COUNTRY?
13	B. FATHER'S	AME			14. MOTHER'S MAIDEN	NAME	
	John C	. Reinecke		THE STATE OF THE S	Mary Louise Wi	artzer	V
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	n, so or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			Benton Hgts. Av
	18. 14.9	0.0				Jones 7772 .	INTERVAL BETWEEN
	704	0.0	D. D. D. D. D. L.		OF DEATH	- 11 1 -	ONSET AND DEATH
		LEADING TO DEA	TH	Cal	en selout.	Nestdu	0
	heart failu	not mean the mode or re, asthenia, etc. It mes	ns the diseas	se,			~
	injury or	complication which	eaused death	a.) DUE TO	Λ Λ-		0
		ANTECEDENT CAUS	SES	B.,	alle - Block	15	volay.
Z	DISEASES	OR CONDITIONS,	F ANY, GIVIT	(B)	A		
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ERTI		IGNIFICANT COND					
U		SEASE OR CONDITION					
1	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
U Y			I nin Di	ACE OF INDIEN / :	- 1 250 WHERE DID	(If in Paltimona City	YES NO
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
10	OF INJURY		m.	WHILE AT NOT WHILE			_/
	22 I Laugh	as acoutifus that I at		deceased from	the 18 sol to	Lack 30 100	, that I last saw the
K		live on 3.30		and that death occur			the date stated above.
Ш	23A SIGNA		_, 10		3B. ADDRESS 7	t the caspes and on	23c. DATE SIGNED
	1		MOO	pull M.D.	244 bear	, Kd	X-1.2-
2	4A. BURIAL,	REMA- 2 B DATE		4c. NAME OF CEMETE	RY OR CREMATORY 24D	. LOCATION (City, tow	n, or county) (State)
.,	on, REMOVAL (S	1 1 /0 / / 0	33.74	Woodlawn Cem	Woo	odlawn. Md.	
D	ATE RECEIVE	D BY REGISTRAR	SIGNAT		25) FUNERAL DIRECTO	87. 0	ADORESS
	OCAL REGIST	152 Hunting	ton EV	tisus III	Thism? IN	robener &	* sons
	VS 150	102	-		11	12 of	- /1/11 I
	43 130	ty distance		*	V V	value 1	I ma.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	RTH NO.	ECEACED.					o DAME		
(Ty	NAME OF D	0	LARENCI	E L. JARVIS		500	DEATH		, 1952
A.		City, Maryland			4. USUAL RESIDE	NCE (Wh	ere deceased lived. B. COUNTY		ion: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Md.	(16.0)	utside corporate li:	P	1
	STITUTION	afol Woodhin	A		c. CITY OR TOWN	(11 0	diside corporate in	A, WHILE	township)
		3604 Woodbir	ie Ave.	Yrs.	Balto.	CC /If we	and give leastion)	-	•
				Mos.					
	Length of s	stay in Baltimore	7 CINCLE	Days E. MARRIED.	3604 Woodb		9. AGE (In years)	If Under 1 Ye	ear If Under 24 Hours
٥.	JEA _		WIDOW	ED, DIVORCED (Specify)			last birthday)	Months D	ays Hours Min.
	male	white	marr:		Jan. 30, 1		05	1	
	done during most	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (S	state or for	eign country)		TIZEN OF HAT COUNTRY?
		er (rtd)	Buile	ding	Virginia				
13	FATHER'S	NAME		THE PERSON NAMED IN	14. MOTHER'S MA		ME		
		Jarvis			Anna Brush	wood			
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	
, = 30	no			no no	Mrs. Louis	a Jarv	ris - 3604	Woodb	ine A e
	18. // 2	0.1		CAUSE	OF DEATH	L)		TERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		LA	TI	1		ISEI AND DEATH
		LEADING TO DEA's not mean the mode of	TH	alle	the Coconac	y fro	whois 1	-	2 yrs.
	heart faile	ure, asthenia, etc. It mea	ns the diseas	е,		/×	~ CT		0
	injury or	complication which o	aused death	DUE TO / pt a	ite Course	way	1900		
		ANTECEDENT CAUS	SES			V			
NOIL	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	00		0		
Ě		THE ABOVE CAUSE (A)		HE DUE TO Cae	and (se	ular	offices		of on
CA	ONDEN			(C)					<u>V</u>
IFIC		- 11			•				
RTI		SIGNIFICANT CONDI							
O E		G TO THE DEATH, BUT DISEASE OR CONDITION							
1	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION			2	O. AUTOPSY?
Y									ES NO
100		DENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g., l.	or 21c. WHERE D		in Baltimore Cit	y, give exa	act location)
뻬	CAUSE OF	R CONTRIBUTING	apout nome,	isi m,iaccoi y,sereos, omee mag.,	INDOKT CCC	*			
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?	100	
	OF INJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK	7	n. 9	131 10	, r. c7,	
	22. I herei	by certify that I att	tended the	deceased from	, 1920	0, to 3	/3/,19	that	t I last saw the
			_, 19.02,	and that death occur	red at 3 · 30 m.	, from th	e causes and or	the dat	e stated above. DATE SIGNED
	23A. SIGNA			2	38. ADDRESS (202 St C	and ,	6/-	91	LATE SIGNED
2	A BUDIAL	CREMA- 248. DATE		M. O. \ /	RY OR CREMATORY	1240.10	CATION (City, to	wn, or cour	nty) / (State)
TIC	N. REMOVAL (Buria.	Specify) 1./2/50		Lorraine Cen			lawn , Maryl	1/	
						1	Lawii , Flat y L		2566
LC	ATE RECEIVE	TRAR	Jan 1	RE,	25 FUNERAL DIR	ECIGE	Va W	ADDE	7555
A		352 Muntu	rator 1	Villagues Nov.	ZAXVII. J.	- 4201	muer &	Am	A
7	VS 150		0	2 4 65	(2)	91	17 ()	mis	
1				2902	4 was	10	11,11	, va	
							A STATE OF THE PARTY OF THE PAR		

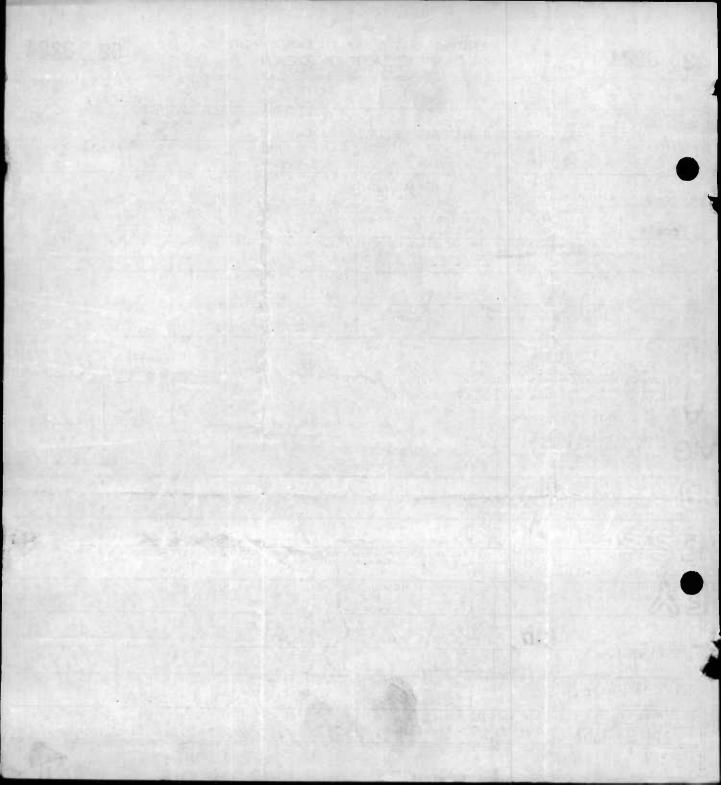


VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 3224

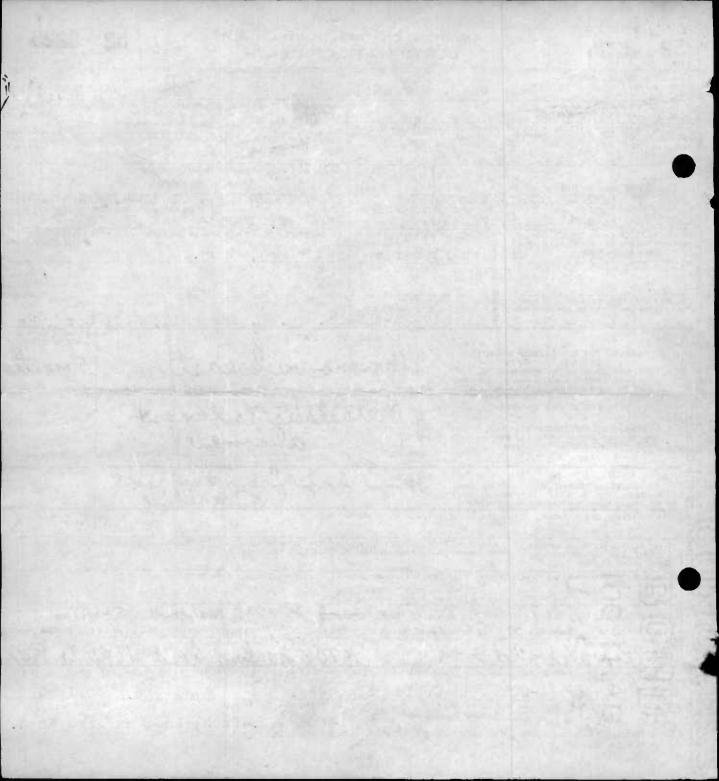
BI	RTH NO.	T.		CERTIFICATE	E OF DEATH	registered 140	1 TO
1.	NAME OF D	ECEASED				2. DATE	
(T)	pe or Print)	Mary F	. Purvi	.S		OF Mar.	30, 1952
3.	PLACE OF D	EATH:	altimor	o Md	4. USUAL RESIDENCE (W	There deceased lived. If in B. COUNTY	stitution: residence before admission)
	FULL NAME			on, give street address or	Maryland	B. COUNTY	before samission)
HC	SPITAL OR	OF (II not in not)it		location)		outside corporate limits)	write VURA and give
N	STITUTION	6101 Ma	ywood A	venue	Baltimore	11	township)
)		J	60 Yrs.		rural, give location)	
-	Length of s	tay in Baltimore		Mos.	6101 Maywood Av	enue	
-	SEX	6. COLOR OR RACE	7. SINGLE	Days L. MARRIED.	8. DATE OF BIRTH		ider 1 Year If Under 24 Hours
3	Female	White	WIDOW	ED, DIVORCED (Specify)	Aug. 5, 1887	last birthday) Mont	hs Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF
work	done during most	of working life, even if retired)		INDUSTRY	Paltimone Wd		WHAT COUNTRY?
13	None None	IAME			Baltimore, Md.	A M E	
, ,			I I De	ni man			
A F**	Wite propie		J. Per		Naomi Gosnell		
(You	, no or unknown)	ED EVER N U.S. ARMEI	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	. /	DRESS.
	44				Thomas J. Purvi	s 6101 Maywoo	od Avenue
	(This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode of mean the mode occupation which complication which of	TH f dying, e. g ns the discase	., (A)	of DEATH	neimta	ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
느		11					
ERT	TRIBUTING	GIGNIFICANT CONDI TO THE GEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
AL 0	19A. DATE	OF OPERATION 1	9в. МАЈО	FINDINGS OF OPER	ATION /	Ens	YES NO
DIC		R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, giv	ve exact location)
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			WHILE AT NOT WHILE	7		
	00 77 7		m.		125 1054	3/30 1952	that I last saw the
		y certify that I the	-		, 19, to	, 10-,	
	deceased a		193 -,	and that death occur	3B. ADDRESS	he causes and on the	23c. DATE SIGNED
	ZJA. SIGNA	ONE		00	136600		X/1/52
24	A. BURAL	CREMA- 4B. DATE		M. D.	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
TIC	N. REMOVAL (S Burial	Specify) 1,/3/50		Druid Ridge		kesville, Md.	·
D	ATE RECEIVE	D BY REGISTRAR	SEIGNATI		25. FUNERAL DIRECTOR		ADDRESS
	APR 2		trylog	Williams, A	\$3.20 Mears	and Sou 805/	h. Calvert St.

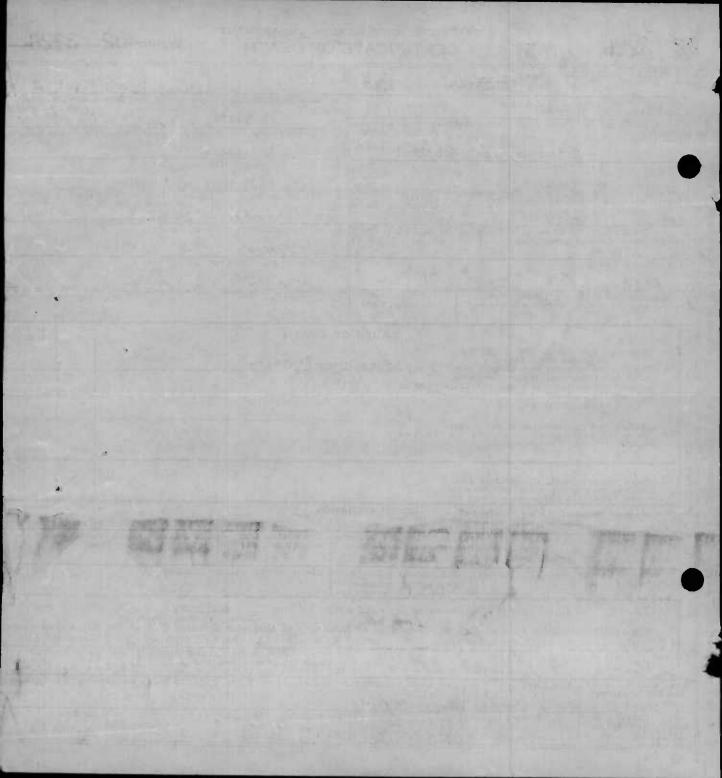


correct . 's especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BII	RTH NO.	
1. (T)	NAME OF DECEASED PPE or Print) Florence B. Marshall	2. DATE OF DEATH March 31, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	
	SPITAL OR location) 5401 Catalpha Road	C. CITY OR TOWN (If outside corporate limit), write bull and give township
	Yrs.	D. STREET ADDRESS (If rural, give location)
	Mos. Length of stay in Baltimore Days	5401 Catalpha Road
	Length of stay in Baltimore Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
	emale white widowed, Divorced (Specify)	June 12, 1906 last birthday) Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
WOLK	dooeduring most of working life, even if retired) INSUSTRY Unspection INDUSTRY	Waterbury, Conn.
13	EATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ELEC. A PP. (M)	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 1150011115
(Yes	, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	1217-20-4892	Mr. Wm. B. Marshall, 5401 Catalpha
	18. /7/ X CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0 1 - 11
	(This does not mean the mode of dying, e.g.,	noma weast 5 month
	heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.)	
	ANTECEDENT CAUSES MO	Addis to lunardo
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	ustance to surger
NOL	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	astatic to lungst
<	UNDERLYING CONDITION LAST.	W WHITE
8		
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	have from esopheral
H H	TRIBUTING TO THE DEATH, BUT NOT RELATED	Orgailean
U	TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20, AUTOPSY?
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
V	LOSS BLACE OF INDURY (s. s.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
ED	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, nffice bldg., CAUSE OF DEATH	
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
-	OF INJURY WHILE AT NOT WHILE	
	m. work AT WORK	
-	22. I hereby certify that I attended the deceased from 1.0	arch 30, 1957 to march 31, 1957 that I last saw th
	deceased alive on Mosch 30, 19 52 and that death occu	
	Hill Star Von d	4706 Harlard Roy d- 14 april 1. 1952
24	M. D. J. A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE N, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, obcounty) (State)
TIC	ON, REMOVAL (Specify)	
_	Burial 4-3-52 Druid Rid	ge Cem. Baltimore, Maryland
LC	THE RECEIVED BY REGISTRAR'S SIGNATURE	
	APR 2 1952 1 1 2 0	Leonard Ja Ruck, 5305 Harford Road.
	VS 150	
	69031	M
	01-31	



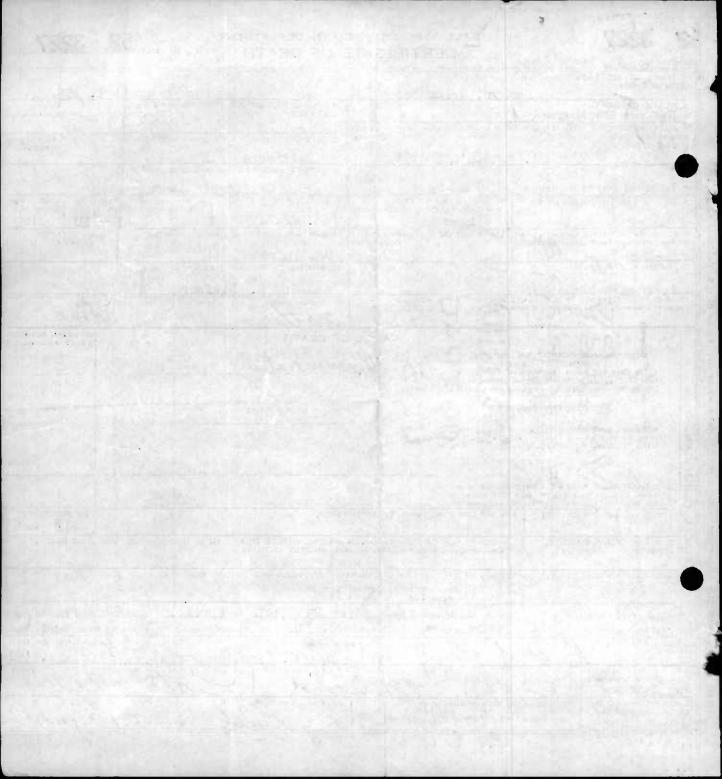


	32	5 2 322	7	14205	BAI	LTIMORE CERTIF		
7	1.	NAME OF D	ECEASE		kon V	onna Loc		-
	A.	PLACE OF D Baltimore (City, M			erna Le		
	HC	SPITAL OR STITUTION	Or (s Hospi	location)	-
and legibly.	c.	Length of s	tav in 1			eeks	Yrs. Mos. Days	-
and	5.	sex emale	- W	OR OR RACE	7. SINGL	E. MARRIED VED, DIVORC		_
learly	10	A. USUAL OC done during most of	CUPATI	ON (Give kind of		OF BUSIN	ESS OR INDUSTRY	
death clearly	13	Fred Hat	52.31					į
of	15 (Yes	. WAS DECEASE , no or nnknown)	D EVER	IN U. S. ARMEE	FORCES? of service)	16. SOCIA SECUF	RITY NO.	-
Physicians: please write the causes	ERTIFICATION	(This does heart failu injury or DISEASE RISE TO TUNDERL'	LEADIS not me re, asthe complic ANTEC	I CONDITION NG TO DEA: an the mode on in, etc. It mee ation which of the condition of the c	TH of dying, e. ns the disea caused deat SES F ANY, GIVI STATING T STATING T STATIONS CO	g, (A) . se, h.) DUE TO (B) NG HE DUE TO		
	SAL C	19A. DATE C	F OPER	7	9B. MAJOR	FINDINGS		
important.	EDIC	HOMICIDE	(Speci	fy)	about home,	ACE OF INJI	eet, office bldg., e	to
is specially in		OF INJURY	y certij live on_	fy that I att	m.	while AT work deceased f	not while	7
correct a	9	AA. BURIAL, DN TEMOVAL (S LUCIO ATE RECEIVE DCAL REGIST	D BY	24B. DATE #-Z- REGISTRAR	52 \$ SIGNATI	246. HAME	arke	

ALTH DEPARTMENT Registered 20 3227

-							
1. (T	NAME OF D					2. DATE OF	3 1000
9	PLACE OF D	Hatma	ker, V	erna Lee	4. USUAL RESIDENCE	Where deceased lived	
		City, Maryland			A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)	Maryland c. city or town (I	f outside corporate lin	nits, write RURAL and give
		St.	Joseph's	s Hospital	Baltimore #	14	
U	All of the second			Yrs. Mos.	D. STREET ADDRESS (I	rural, give location)	ENAB.
c.	Length of s	tay in Baltimore	5 w	eeks Days	3017 Califor		3200
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year If Under 24 Hours Months: Days Hours: Min.
F	'emale	White	Sing		Feb. 22, 1952		1 10
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
7011	None	or working me, even n reared)		INDUSTRI	Baltimore		WHAT COCKTICT
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Tand U. 4	hma lean			Elaine K. Ki	ofnor	
15	Fred Ha	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	erner	ADDRESS
(Ye	, no or nnknown)	(1f yes, give war or date	s of service)	SECURITY NO.	Vather.		Same
	18. LQ:	2.4		CALLOT	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA' 5 not mean the mode c ure, asthenia, etc. It mea complication which of	TH of dying, e. a ins the diseas caused death	8., (A)	eumonitis		
ERTIFICATION	RISE TO UNDERL	S OR CONDITIONS, INTHE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT	STATING THAST.	(C)	K.		
Ü	TO THE	DISEASE OR CONDITION	CAUSING I	IT	ATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20, AUTOPSY?
ᆜ	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATTON		YES X NO
EDICA	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., a		(If in Baltlmore City	, give exact location)
P		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	RY OCCUR?	
	OF INJURY		m .	WHILE AT NOT WHILE			
	22. I herel deceased a	live on April 1	tended the	deceased from Mar	rch 23 , 1952, to A red at 3:15 a m., from 3B. ADDRESS	the causes and on	52that I last saw the the date stated above 23c. DATE SIGNED April 1, '52
2110	4A. BURIAL. ON MEMOVAL (Specify) 4-2-	52	246. NAME OF GEMETE	VOOL 24b.	Dala City, tow	me
	ATE RECEIVE		SSIGNATU	Williams Mg	25. FUNERAL DIRECTOR	5305	- Harford Ro
7	VS 150	34%	0 3	5 2 0 0	7 2 6 - 2		
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OF DEATH



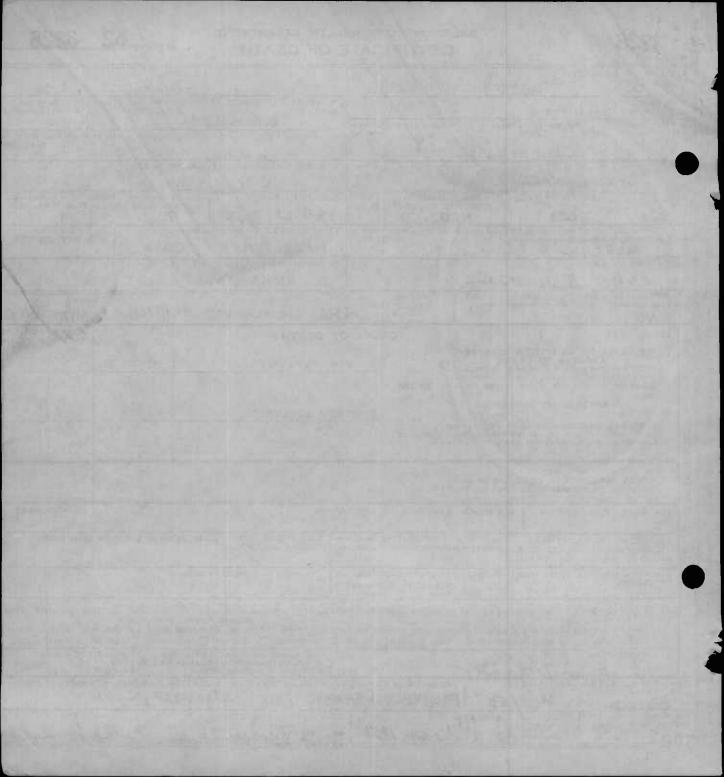
BALTIMORE CITY HEALTH DEPARTMENT

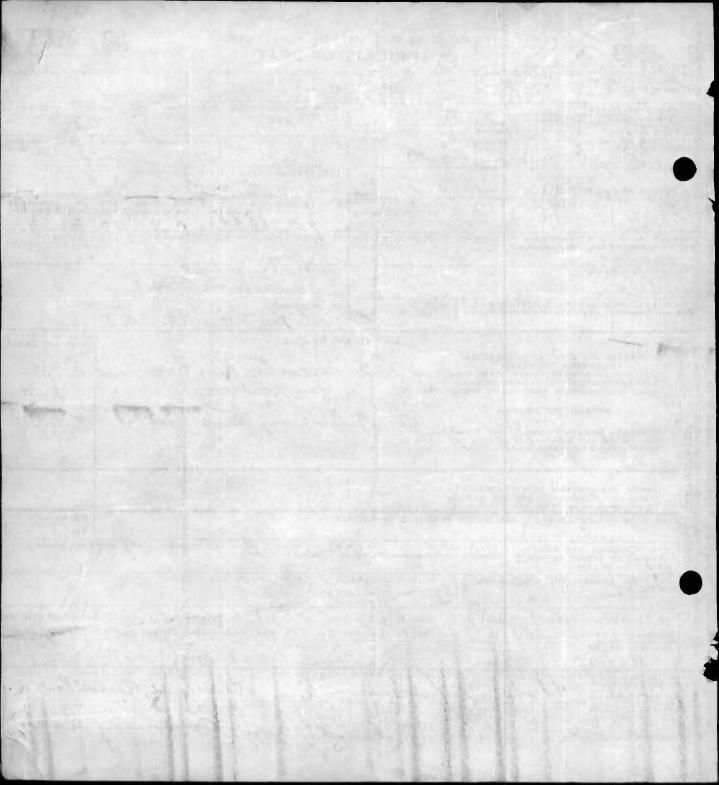
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1)7		RTH NO.			CERTIFICAT	E OF DEATH	Registered	No. UCED	
	1.	NAME OF D	eceased WALT	RR	RANDALL		2. DATE OF DEATH ADT	il 2, 1952	
	3. A.	PLACE OF D		326	الون السابق في السابق لا على الوما الم	4. USUAL RESIDENCE	(Where deceased lived. I		
	В.	FULL NAME DSPITAL OR STITUTION		l or institut	ion, give street address o location	Connecticut c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
			Johns Ho	okins l		Stamfo			
ibly		T 41 C			Yrs. Mos.	D. STREET ADDRESS			
eg e		Length of s	tay in Baltimore	7. SINGL	Days E. MARRIED,	1 8. DATE OF BIRTH	ncis Avenue	If Under 1 Year If Under 24 Hours	
and legibly.		Male	White	WIDOV	VED, DIVORCED (Specify	SEPT 23, 1880	last birthday) M	fonths Days Hours Min.	
clearly	worl	done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY!	
	13	. FATHER'S N	IAME	PAL /		14. MOTHER'S MAIDEN			
death	15	HENR			1	UNKNOW	<u> </u>		
causes of	(Ye	NAS DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	MRS CONSTAN		TARRYTOWN N.Y.	
Physicians: please write the	RTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode of re, asthenia, etc. It mea complication which e ANTECEDENT CAUSE OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	ns the disea: aused death ES FANY, GIVII STATING T. ST. TIONS CO	(B) COPO	nary occlusion			
Phy	CE		F OPERATION 1		FINDINGS OF OPE	RATION		20. AUTOPSY?	
ıt.	AL			01- 01	ACE OF INJURY (-	(If in Baltimore City,	YES NO X		
important.	EDIC	UNDERLYIN	AL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(II in Daitimore City,	give exact location)	
		21D. TIME (OF INJURY	Month) (Day) (Year)	, ,	21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?		
s especially		22. I certify that I took charge of the remains described above, held an Inspection & Inquiry there the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sand death in my opinion resulted from: natural causes \(\bigcirc \), accident \(\bigcirc \), suicide \(\bigcirc \), homicide \(\bigcirc \), undeternable ASSISTANT MEDICAL EXAMINER							
correct ag		A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE		FAIRFIELD ME		STAMFORD, Co	n, or county) (State)	
cor	D/ LC	TE RECEIVE	BAR REGISTRAR	- 11	RE	25. FUNERAL DIRECTO	OR A	ADDRESS	
	新	35 / la	36 Thurting	DV 17.16	mann, Mari	The it ordered	to-some Non	end to well	
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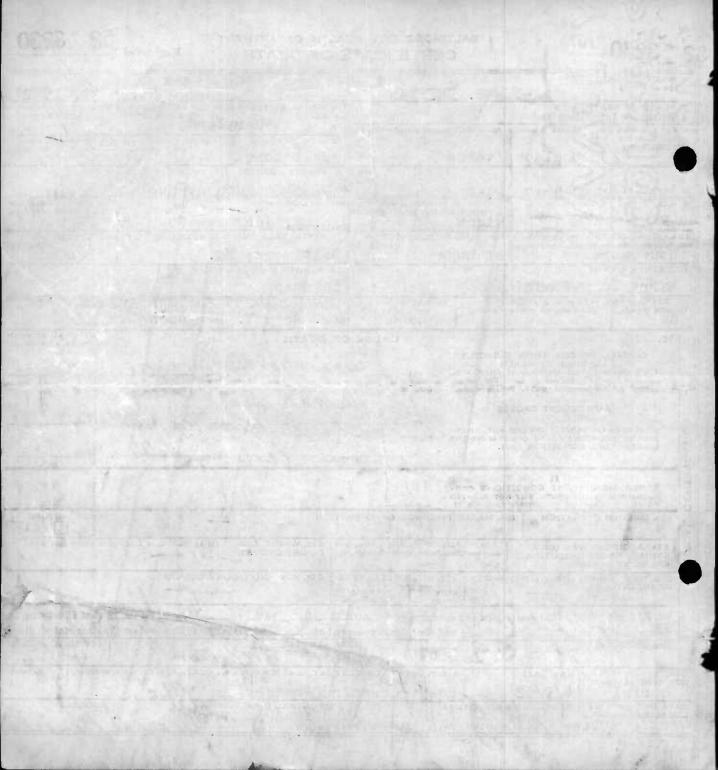
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2	3236)
BIR	TH NO.	-

e especially important. Physicians: please write the causes of death clearly and egibly.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

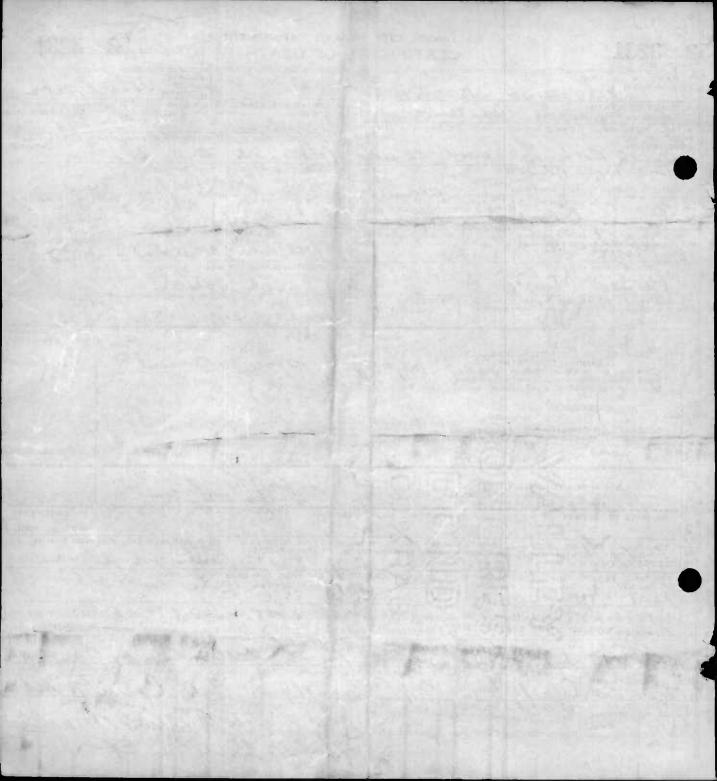
	KIN NO.					
1. (T	NAME OF DECEASED (ype or Print) CARRI	E E. HOFF	MAN	6.19-1	2. DATE OF DEATHMARC	h 31 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If		
B. FULL NAME OF (If not in hospital or institution, give street address or				Maryland \wedge 7		
HOSPITAL OR location location location 4255 Sheldon Avenue				c. CITY OR TOWN (If outside corporate mits writ RUMAL and give		
4255 Sheldon Avenue				Baltimore		
Yrs.				D. STREET ADDRESS (If rural, give location)		
c.	Length of stay in Baltimore	Life	Mos. Days	4255 Sheldon Avenue		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours I last birthday) Months; Days Hours; Min.		
F Widow			Jan. 3, 1882 70			
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR			11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF	
work done during most of working life, even if retired) at home INDUSTR		INDUSTRY	Baltimore, Md		USA COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N.		ODA
	Harry John Staib			Unknown		
15	. WAS DECEASED EVER IN U. S. ARMEI	FORCES 1 16 60	OCIAL			
(Ye	, no or unknown) (If yes, give war or date	s of service) SE	17. INFORMANT 255 Sheldon Avanges - 6			
-	no	1.	ione .	Ars. Anna V. Bergesen		
						ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY					
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUS		Me	uspardeal	marane	n
7	ANTECEDENT CAUS		(B)	5 -1 1-	0. La - 4 /5/a	tation
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				at pure	t:001000	
				, hope stall	·j·····	
H						
OTHER SIGNIFICANT CONDITIONS CON-						
C	TO THE DISEASE OR CONDITION CAUSING IT.					
L	19A. DATE OF OPERATION	NGS OF OPER	ATION		20. AUTOPSY?	
CA	p				YES NO	
ID	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year)	(Hour) 21E. IN.	JURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	WHILE AT	NOT WHILE		7,	
	22. I hereby certify that I attended the deceased from May 15 190 to May 31, 19 that I last saw the					
	, to the discount of the disco					
	deceased alive on 15, 195, and that death occurred at 1, 195, and that death occurred at 2 m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 25B. A					
	23A. SIGNATURE TO	J. Leyes	M. D.	156 M. Mel	Etin Cles	4/1/5Z
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24b. LOCATION (City, town, or county)/ (State)						
burial 4/3/52 Holy Redeemer Cemetery Baltimore, Md.						
DATE RECEIVED BY LEGISLET BY CHARLES AND C						
APR 2 1952 Huntington Williams MAI TO 12 ND FINE STORY						
	VS 150	()	Regul A BANK	,,	1: 1	/



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 3231

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) ALQUELINE BERRY	2. DATE OF CALL 1, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	CCITY OF TOWN (If outside corporate limits, write BURAL and give					
INSTITUTION BUT Lings Care Many int	Bel Lewis 25 5 (Lownship)					
1213 Freel Street Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 7 Year Days	30 45 South land Cevenne					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Year Months: Days Hours Min.					
10A. USUAL OCCUPATION (Give hind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
none none	Palliuse, Maryland U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	LEOLA JONES					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or naknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS LEO LA VONES SAME ADRESS					
18. E 9.5. A CAUSE	DE DEATH					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e. g.,						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	(curine)					
ANTECEDENT CAUSES						
	(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
UNDERLYING CONDITION LAST. (C)	CERTIFICATION APPROVED BY					
11 Old o						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED M. D.						
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION UNITED BY ASST. MEDICAL EXAMINER. 20. AUTOPSY						
	YES NO L					
LYINGER OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
						21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE THE ACTURE OF
22. I hereby certify that I attended the deceased from Local 1, 195 to 4, 195 that I						
deceased alive on 19 and that death occur	rred at 4 4 mm., from the causes and on the date stated above.					
	23B. ADDRESS 23c. DATE SIGNED					
M. D.	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
Townel Cherist 127 . Mr Calony Con a. a. County Mil						
DATE RECEIVED BY REGISTRAR'S HONATURE 25 MUNERAL DIRECTOR ADDRESS						
VS 150						
N 948, 2						
14 140.0						



before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

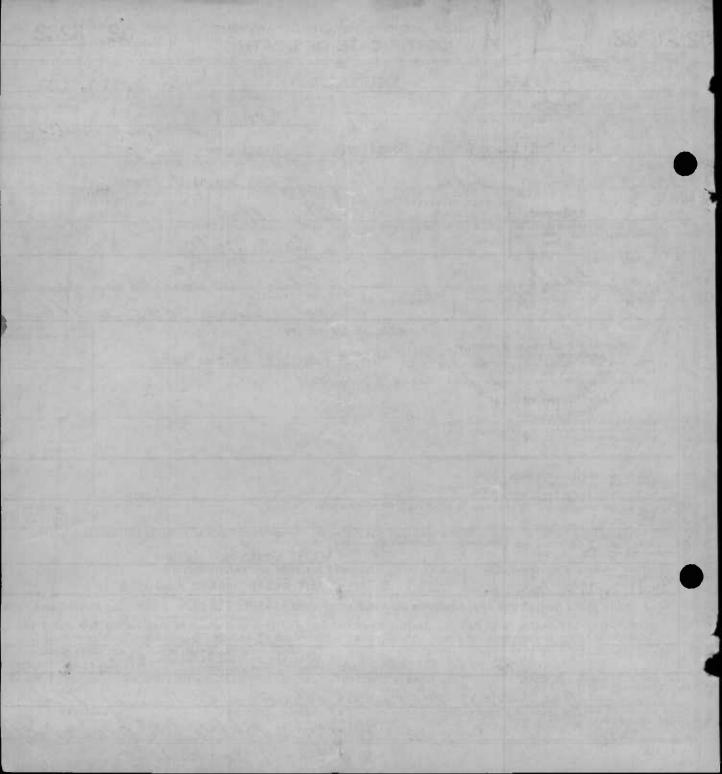
ONSET AND OFATH

20. AUTOPSY?

NO X

At and give

township)



clearly

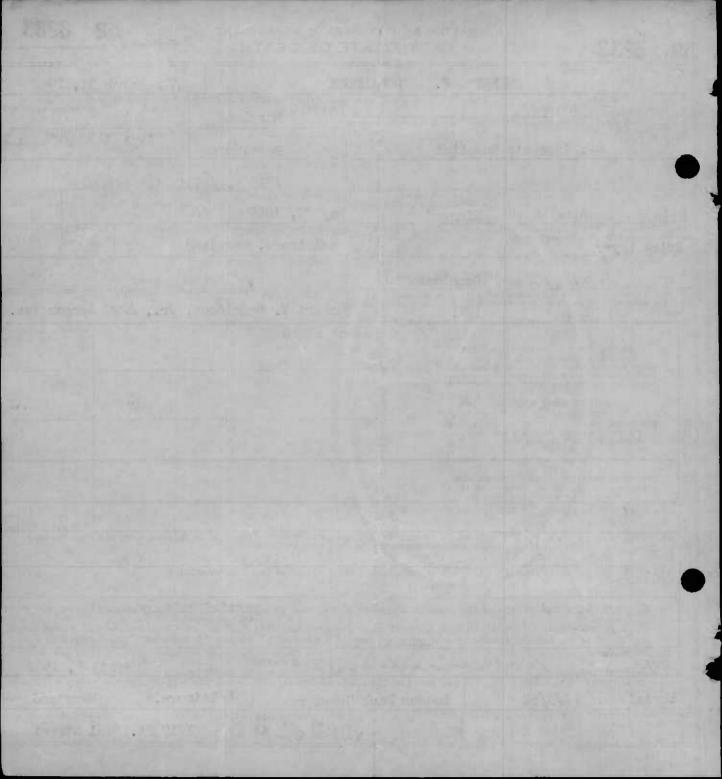
causes

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident \Box , suicide \Box , homicide \Box , undetermined \Box . 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Baltimore. Loudon Park Cemetery OATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1217 St. Paul Street V S 151

AOORESS

Maryland

township)

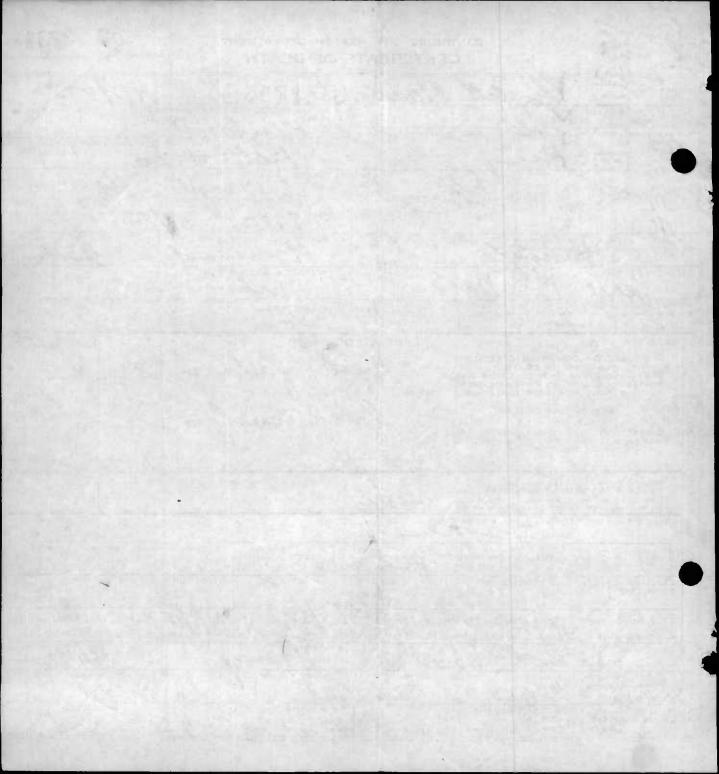


correct ag

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3234

BI	RTH NO.	E OF DEATH	
[]	NAME OF DECEASED Print) Plicable Maine	(MALRUSE) 2. DATE OF 4/1	152
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If the	stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	Manford Cut	12 m
H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
	Mercy	13000 # 20	
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	1 Care
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE MARRIED	8. DATE OF BIRTH 9. AGE (In years) Il Un	ndar 1 Year Il Under 24 Hours
	WIDOWED DIVORCED (Specify)	10/15/1894 STE	hs Days Hours Min.
1C wor	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR done during most of working life, even [frotired]		2. CITIZEN OF
13	FATHER'S NAME	14. MOTHER'S MAIDER NAME	927.
	Gence Mª. Manus.	when	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no of unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	DIRESS
	18. 581.0 . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1. 1.1	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	ari failure	
	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUE TO		
	ANTECEDENT CAUSES	40 . /	
Z	(B)	Tol contois	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
	UNDERLYING CONDITION LAST.		
RTIFIC			
E	OTHER SIGNIFICANT CONDITIONS CON-		
GE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	7	
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
MY.	y none		YES NO
DIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, ructory, street, officer blaz. CAUSE OF DEATH	in or 21c, WHERE DID (If in Baltimore City, givec.) INJURY OCCUR?	re exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from		that I last saw the
	deceased alive on 11 10 and that death occu		
		23B. ADDREGS	236. PATE SIGNED
	In K Buell bus.	Mercy	4/1/52
2	A. BURIAL CHEMA 24B DATE 24G. NAME OF CEMETE	ERY OR CREMATORY 246. LOCATION (City, town, or	r ourly) (State)
	Burial 4/5/52 Cathea	Iral Balto. n	Ed.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11	PA 2 1952 Huntington Volisous Nix	25. FUNERAL DIRECTOR 125. FUNERAL DIRECTOR 127 St. Paul	1 5/.
	VS 150	3	



2 3235 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3235

BII	RTH NO.						
1. (T ₂	NAME OF D		ura Ja	ne Thomas		2. DATE OF API	ril 1, 1952
Α.		City, Maryland	al an institut	tion, give street address or	4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased lived B. COUNTY	lf institution: residence before admission)
HC	SPITAL OR			location)	c. CITY OR TOWN	(If outside corporate li	mits, wright RUPAL and give
N	NOITUTITE	116 West 2	esth St	reet	Baltimore		L -0 / township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	116 West 2	ss (If rural, give location) 5th Street	
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
f	emale	white	Wid	owed	May 29, 1869	9 82	
10. work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KINE	O OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
h	ousewife		own	home		e County, Maryla	and
13	FATHER'S				14. MOTHER'S MAI	DEN NAME	
		l Lloyd					
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Nellie J. Br	uening, 1744 N.	Chester Street
	18. 434	1 and 15	/ X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		C	ongestive he	art failure	1 month
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A)			T 1011011
	injury or	complication which	auscd death	h.) DUE TO			
		ANTECEDENT CAUS	SES				
NO NO	DISEASES	S OR CONDITIONS, 1	F ANY. GIVII	(B)			
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TO				
CA				(C)			
RTIFICAT		11					
ER	TRIBUTING	GONIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED	stric malign	ancy	lyr
	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAI			T	•	1 04 - 1111 - 50 - 5	O (16 to Politica Gi	YES NO
EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH	about bome,	ACE OF INJURY (e. g., i. farm, factory, street, office bldg., c	n or 21c. WHERE D		ty, give exact location)
	21b. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OI MOOKI		m.	WHILE AT NOT WHILE			
	22. I hereb	v certify that I at	ended the	deceased from J	191.0	, to April 7 , 1	9.52 that I last saw the
	deceased a	[0 22 0 2	3,49 52,	and that death occur	rred at 2:10/m.,	from the causes and o	n the date stated above
	23A, SIGNA	TURE	A11	2	38. ADDRESS		23c. DATE SIGNED
	6	(Swor	16		27.31 MARYTAND		4-1-52 own, or county) (State)
TIC	N. REMOVAL (S	CREMA- Specify) 248. DATE	52	Baltimore C		· Baltimore,	Maryland
	ATE RECEIVE		SSIGNAT	URE	25. FUNERAL DIR		t. Paul Street
ΔΙ	PR 2 19	52 Huntin	ston f	May All	Many boot	en ma. Tell s	- Taul Dilege
	V5\150		1 3 -	804	3 , 0	9	

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450 2 3236 BIRTH NO.

CERTIFICATE OF DEATH

Registered NZ 3236

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	000000000000000000000000000000000000000	2. DATE	11.50
3. PLACE OF DEATH:	RAWLINGS, (E	4. USUAL RESIDENCE (Where decease	d lived, If institution: residence
A. Baltimore City, Maryland Uni	v. Hosp.	A. STATE B. CO	UNTY before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street address or location)		orate limits write HURAL and give
1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ospital	Baltimore	township)
	7 - Yrs Mos.	D. STREET ADDRESS (If rural, give lo	
c. Length of stay in Baltimore	Z 7 Days	5608 REISTERSTO	
5. SEX 6. COLOR OR RACE 7.	SINGLE MARRIED, WIDOWED DIVORCED (Specify)		n years if Under i Year it Under 24 Hours thday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10E	B. KIND OF BUSINESS OR	91. BIRTHPLACE (State or foreign country	y) 12. CITIZEN OF
work done during most of working life, even if retired)	un Home	Md	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN HYDE		Emma barne	r
15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES7 16. SOCIAL	17. INFORMANT	ADDRESS
NO	SECURITY NO.		
18. 216 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY T.	+10 . 0	,
(This does not mean the mode of dy heart failure, asthenia, etc. It means th	ing, e.g., (A)	sted Ovarian Ci	
Il leat tanute, asthema, etc. it means th			
injury or complication which caused			
injury or complication which caused		+ . 7	
ANTECEDENT CAUSES	(B) The	centeric Thrond	Posis
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	Y, GIVING (B) Me	centeric Thrond	lois
Z O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	Y, GIVING (B) Me	centeric Thrond	lois
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. U	Y, GIVING TING THE DUE TO	centerie Parone	Posis
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	Y, GIVING TING THE DUE TO (C)	centeric Thrond	lois
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT.		
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE (A) STATE OF OPERATION (B) 198. N	Y, GIVING TING THE DUE TO (C)		20. AUTOPSY? YES NO
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N	Y, GIVING TING THE DUE TO (C) NS CON- RELATED USING IT.	RATION in or 21c, WHERE DID (If in Baltim	20. AUTOPSY?
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSED AND CAUS	Y, GIVING TING THE DUE TO (C) NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e.g., instance, form, factory, street, office bldg.	RATION in or 21c. WHERE DID (If in Baltimete.) INJURY OCCUR?	20. AUTOPSY? YES NO
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. Not the Cause of Death 19b. Not C	Y, GIVING TING THE DUE TO (C) NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e.g., instance, form, factory, street, office bldg.	RATION in or 21c. WHERE DID (If in Baltimete.) INJURY OCCUR?	20. AUTOPSY? YES NO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 2 Abo CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hoto	Y, GIVING TING THE DUE TO (C) NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., i. but bome, ferm, factory, street, office bldg., ur) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	RATION in or 21c. WHERE DID (If in Baltimete.) INJURY OCCUR?	20. AUTOPSY? YES NO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 2 Abo CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hot OF INJURY 22. I hereby certify that I attended	Y, GIVING TING THE DUE TO (C) NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e. g., i. but bome, ferm, factory, street, office bldg., ur) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	RATION in or 21c. WHERE DID (If in Baltimete.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO OTE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 2 Abo CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hot OF INJURY 22. I hereby certify that I attended	NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e.g., in the bome, ferm, factory, street, office bidg., while at work while at Not while at work ed the deceased from 3 and that death occur M. D.	RATION in or 21c. WHERE DID (If in Baltimeter) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 273 1 1952 to 4-1 rred at 8 2 m., from the causes of the cause of the	20. AUTOPSY? YES NO OTE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hot OF INJURY) 22. I hereby certify that I attended deceased alive on 4 192 23A. SIGNATURE	NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e.g., int bome, ferm, fectory, street, office bidg. ULT) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK MAY NOT WHILE AT WORK ed the deceased from and that death occur.	RATION in or 21c. WHERE DID (If in Baltimeter) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 273 1 1952 to 4-1 rred at 8 2 m., from the causes of the cause of the	20. AUTOPSY? YES NO OTE City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE OF CONTRIBUTING PROPERTY OF INJURY 21A. ACCIDENT WAS UNDERLYING PROPERTY OF INJURY 21D. TIME (Month) (Day) (Year) (Hot OF INJURY) 22. I hereby certify that I attended deceased alive on Park 19 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 4/4/5 2	NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 18. PLACE OF INJURY (e.g., in out bome, ferm, factory, street, office bldg., while at work while at Not while at work ed the deceased from 3 3 and that death occur Lace Mame of Cemete Brookfield Commons	RATION In or 21c. WHERE DID (If in Baltimete.) Part of 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. 1952 to 4-1 22f. ADDRESS 22g. ADDRES	20. AUTOPSY? YES NO OF City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Abo CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Horof Injury) 22. I hereby certify that I attended deceased alive on 4-1, 19 23A. SIGNATURE 24A. BURIAL, CREMA- TION BEMOVAL (Specify) A 44 5 2 DATE RECEIVED BY DECISTRAP'S SIGNATURE	NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 18. PLACE OF INJURY (e.g., in out bome, ferm, factory, street, office bldg., while at work while at Not while at work ed the deceased from 3 3 and that death occur Lace Mame of Cemete Brookfield Commons	RATION in or 21c. WHERE DID (If in Baltimote). INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 22f. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23C. RY OR CREMATORY 24d LOCATION (1986)	20. AUTOPSY? YES NO Ore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE OF CONTRIBUTING PROPERTY OF INJURY 21A. ACCIDENT WAS UNDERLYING PROPERTY OF INJURY 21D. TIME (Month) (Day) (Year) (Hot OF INJURY) 22. I hereby certify that I attended deceased alive on Park 19 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 4/4/5 2	NS CON- RELATED JSING IT. MAJOR FINDINGS OF OPER 1B. PLACE OF INJURY (e.g., inst bome, ferm, factory, street, office bldg., WHILE AT NOT WHILE AT WORK ed the deceased from and that death occur And that death occur ALLA MAE OF CEMETE BLOOKFILLS (C. MAME OF CEMETE BLOOKFIL	RATION In or 21c. WHERE DID (If in Baltimete.) Part of 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. 1952 to 4-1 22f. ADDRESS 22g. ADDRES	20. AUTOPSY? YES NO OF City, give exact location)

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50	2227
PATOTH!	3237

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3237

DET	RTH NO.			CERTIFICATI	E OF DEATI	Н	Registere	d No.	
1.	NAME OF D		n Sherman			2. DATE OF DEATH MA	rch 31,	1952	
A.	PLACE OF D Baltimore (EATH: City, Maryland	ion, give strect address or	4. USUAL RESIDE A. STATE Maryland	ENCE (W)	nere deceased lived B. COUNTY	. If institution befo	: residence ore admission)	
H	HOSPITAL OR Wheeler Nursing Home 1700 Park Avenue				c. CITY OR TOWN Baltimore	(If o	outside corporate li	mits, write RU	township)
		2,00 2021	111 02100	Yrs.	D. STREET ADDRE				
		stay in Baltimore		Mos. Days	2021 N. Calvert Street				
	emale	6.COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	June 8, 188		9. AGE (In years last birthday)	If Under I Year Months Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or for	eign country)	12. CITIZ	EN OF
		eacher - Ret.		INCOOR	Maryland		Mark Land	WIIA	COUNTRI
13	. FATHER'S				14. MOTHER'S MA				
_		hn Sherman			Sara C. H	Berenge	er		146
(Ye	. WAS DECEAS , no or nnknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Catherine S.	Nicol	lls, 2535	St. Paul	Street
RTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	FANY, GIVING THE STATING THE S	(B) Ga	rdio-va Hyperl	scri ensi	lar or Arses	use i	dayo 5 yo
CERT	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED					
L	19A. DATE	OF OPERATION D	9B. MAJOR	FINDINGS OF OPER	RATION			20. YES	AUTOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			in Baltimore Cit	ty, give exact	location)
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY	occur?		
	22. I herel deceased a 23A. SIGNA	by certify that I att live on Nov 3/	and ad the	deceased from and that death occur	21:13 195	from th	e causes and o		
2. TI	4A. BURIAL. ON REMOVAL	CREMA- 248. DATE Specify) 4/3/5		24c. NAME OF CEMETE Green Mount		24D. LC	CATION (City, to	own, or county) Mary	
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIR		1217 St.	ADDRES	SS
	VS 150	0		0938	V				

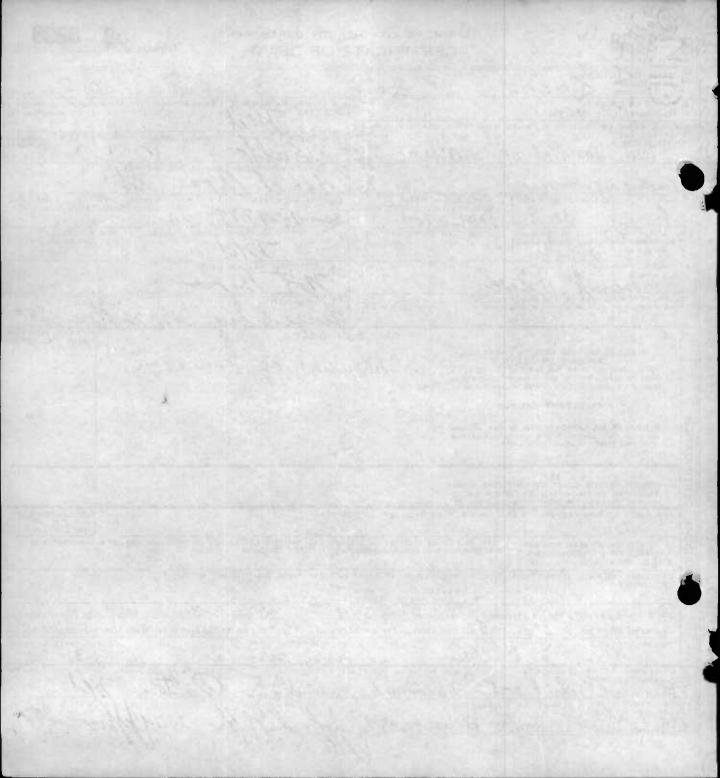
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			_aukkiya
			Scienkii V
10 m			

correct

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

3238

В	IRTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF DE ype or Print)	MAGE	ie	M. SAY		2. DATE OF DEATH 3-	30-52
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before admission)
H	FULL NAME (OSPITAL OR ISTITUTION.	OF (If not in hospit	al or instituti	ion, give street address or location)		If outside corporate limits	
	SINAI	HOSPITAL O	F BAI	TIMORE, INC	Vallo	. 0	(winship)
	Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	Bural, give location	•
5	SEX	6. COLOR OR RACE	WIDOW	MARRIED, (Specify)	BOATE OF BIRTH		Under I Year If Under 24 Hours nths Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
_	HOUSE FATHER'S N	wife			ma	NAME.	WHAT COOKING
	Fra	nh De	He		14. MOTHER'S MAIDEN	NAME	
1! (Ye	. WAS DECEASE e, no or unknown)	D EVER IN U. S. ARME! (If yes, give war or disco	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	AL	DDRESS 14.
-	18.	7 /		CAUSE	OF DEATH	4 411 71:0	INTERVAL BETWEEN
	DISEAS	E OR CONDITION		0			ONSET AND DEATH
	(This does	not mean the mode of re, asthenia, etc. It mea	f dying, e. g	(A) CARC	INOMA OF P	ANCREAS	
	Injury or	complication which c	aused death.	DUE TO			
7		ANTECEDENT CAUS	ES	(B)			
ē	RISE TO TH	OR CONDITIONS, IN	STATING TH	G	***************************************		
FICATION	UNDERLY	ING CONDITION LA	ST.	(C)			
RTIFI	The state of	11					
lul	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	Noi	ve 1					YES NO
MEDI		ENT WAS UNDER- CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,factory,street,officebldg.,		(If in Baltimore City, g	ive exact location)
1	21D. TIME () OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	
U	Name of the last o		m.	WORK NOT WHILE		2 2	
		certify that I att	cnded the	deceased from 3 -	11 195 4to		that I last saw the
	23A. SIGNAT	ive on 3-36	1952	and that death occur	3B. ADDRESS	the causes and on th	e date stated above.
	INN	lian J. 1	arbe	M. D.	Sinai Hospita	al	3-31-52
TI	AA. BURIAL, CON REMOVAL (S)	Pecify)	-52	Mandon de	RY OR CREMATORY 24D.	LOCATION (City, town,	or county (State)
	ATE RECEIVED		S SIGNATU	RE	25 FUNGRAL DIRECTOR	1 227/1/1	ADDRESS CO.
=	VS 150	JE I Tuning	The state of the s	curación, my	John Her Mills	W LOUR PR	an 11.
		The state of the s	La Car	11		0//	



please write the causes of death clearly and egibly.

Physicians:

especially important.

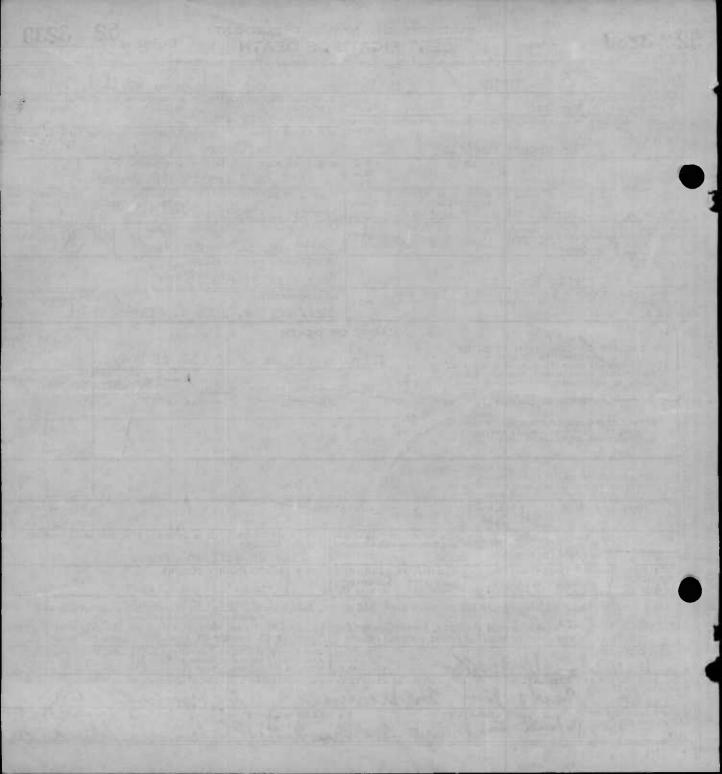
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BALTIMORE CITY HEALTH DEPARTMENT

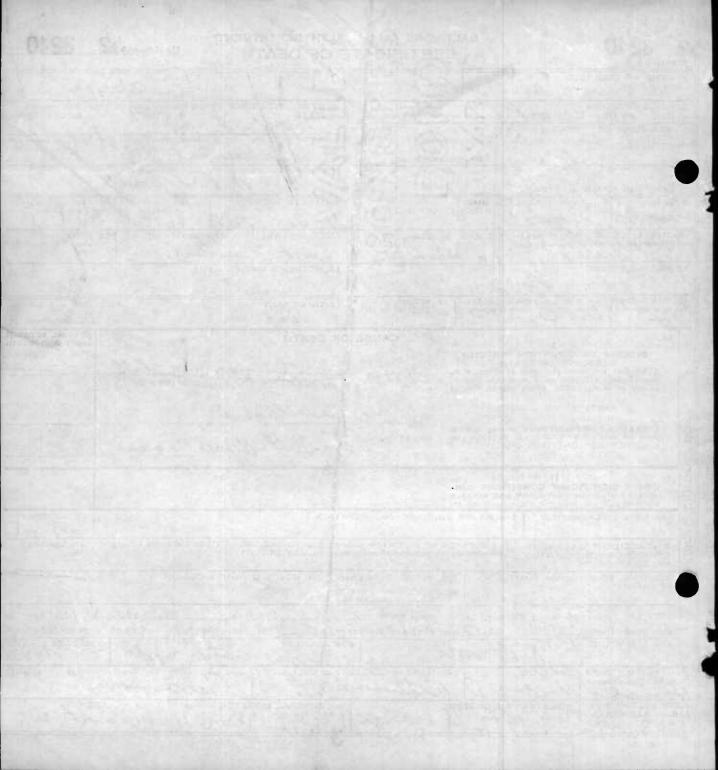
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	BIRTH NO.	9		CERTIFICATE	OF DEATH	Registered N	02.00
	1. NAME OF D	ECEASED				2. DATE	
1	(Type or Print)	IF	RENE	ELLIS		OF April	1, 1952
	3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If i	
II.	B. FULL NAME HOSPITAL OR	OF ('f not in hospit	al or institu	tion, give street address or location)	Maryland		
1	INSTITUTION	70 . 3				1 4	write BORAL and give
-		Provident	Hospi		Baltimor		
				Yrs. Mos.	D. STREET ADDRESS (If		
1	Length of s	tay in Baltimore		Days		ookfield Avenu	
	Female	Colored	WIDOV	e, MARRIED, VED, DIVORCED (Specify) arried	April 12, 1906	9. AGE (In years Monday) 45	Under 1 Year If Under 24 Rours nths Days Hours Min.
	10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
11	11 00	9 WIFP		INDUSTRY	Harrisburgh, Pe	nnsylvania	WHAT COUNTRY?
	13. FATHER'S				14. MOTHER'S MAIDEN N		
1		Alvertis Wood	ean		Manzella Pierce		
		ED EVER IN U. S. ARMED		I 16, SOCIAL	17. INFORMANT		DDECK! C
	(Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Mrs. Curtis, 10		DORESSHOWNS
-	140.				Mrs. curtis, 10	OC N. SIXUI S	INTERVAL BETWEEN
	DISEASE: O RISE TO TUNDERL' UNDERL' O OTHER SE TO TRIBUTING TO THE D	LEADING TO DEA. s not mean the mode of the complication which of the complication	of dying, e. ns the disea aused deat deat deat deat deat deat deat de	Se, h.) DUE TO (B) NG HE DUE TO (C)	degree burns of	100% of body	
	U 19A. DATE C	F OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	4		1 21p P1	ACE OF INJURY (c. g., in	or 21c. WHERE DID (If in Baltimore City, g	YES NO X
	UNDERLYIN	MAL CAUSE WAS	about home,	farm, factory, street, office bldg., et	(a.) INJURY OCCUR?		onace rocation;
Ш	Ш отпо п	AUSE OF DEATH.		one	2119 Brookfi		
7	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE			
	April	1, 1952 7:00	F. m.	WORK AT WORK			
'n	22. I certi,	fy that I took char	ge of the	remains described a	bove, held an Inspecti		thereon and from
	the evi	idence obtained by ath in my opinion	said Autoresulted	opsy, Inspection or Infrom: natural causes	nquiry, find that said d \Box , <u>accident</u> \boxtimes , suicide	Inspection or Inquiry eccased died on the, homicide, ur	e day stated above,
	23A. SIGNA	luam Vo	lover		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	OR	pril 2, 1952
	TION, REMOVAL (S		1952	HANGE OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	DATE RECEIVE		-5	LALINA MEAN THE	25. UNERAL DIRECTOR	11.	ADDRESS 32 2/1.
=	V S 151	6	1		MAL YOUNG IN	Williams J	The state of



township)

Burial DATE RECEIVED BY ADDRESS LOCAL REGISTRAR from 1000 Breatly VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. OC4 1. NAME OF DECEASED 2. DATE (Type or Print) Michael Pelszak PILSZAK DEATH 4-1-52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OBaltimere City Hespitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Ave. Baltimore Yrs D. STREET ADDRESS (If rural, give location) Mos. 42 Yrs. Length of stay in Baltimore 1727 E. Fratt St. (B. C. H. Infe.) Davs SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | | Under | Year If Under 24 Hours ast birthday) | Months: Days | Hours: Min. Male White Single Aug. 1881 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? LABORER Peland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Pelszak Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. B. C. E. Recerds. 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Hypertensive Arteriescleretic Heart 2 yrs. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 3-7-1947 to April 1, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 11:45AM, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24d NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) DATE RECEIVED BY ADR 3 1952

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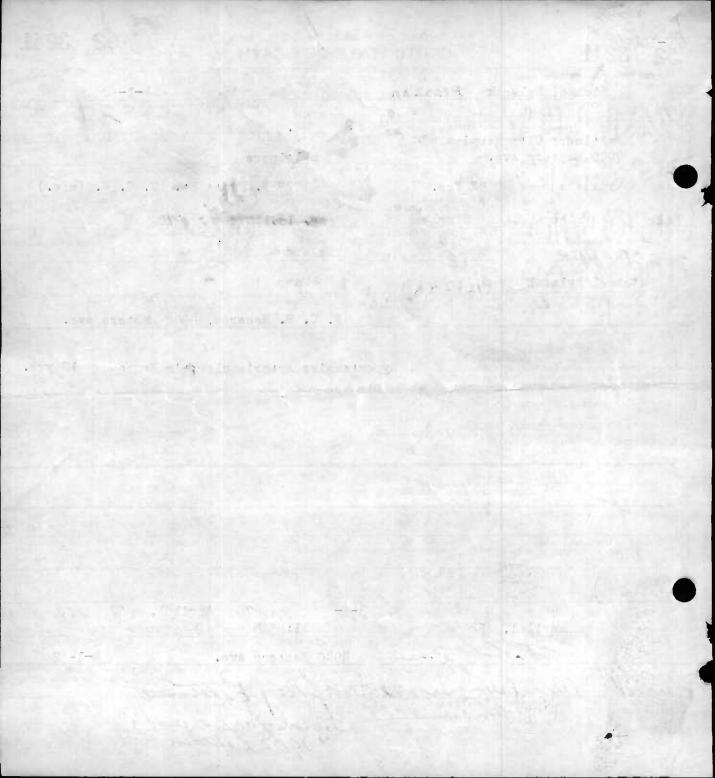
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Physicians: pl

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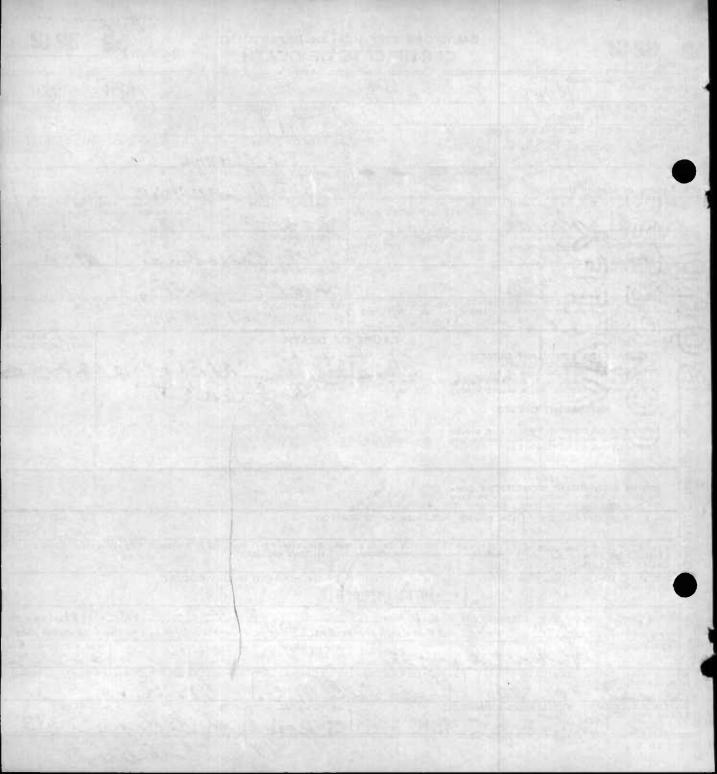


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BALTIMORE CITY HEALTH DEPARTMENT

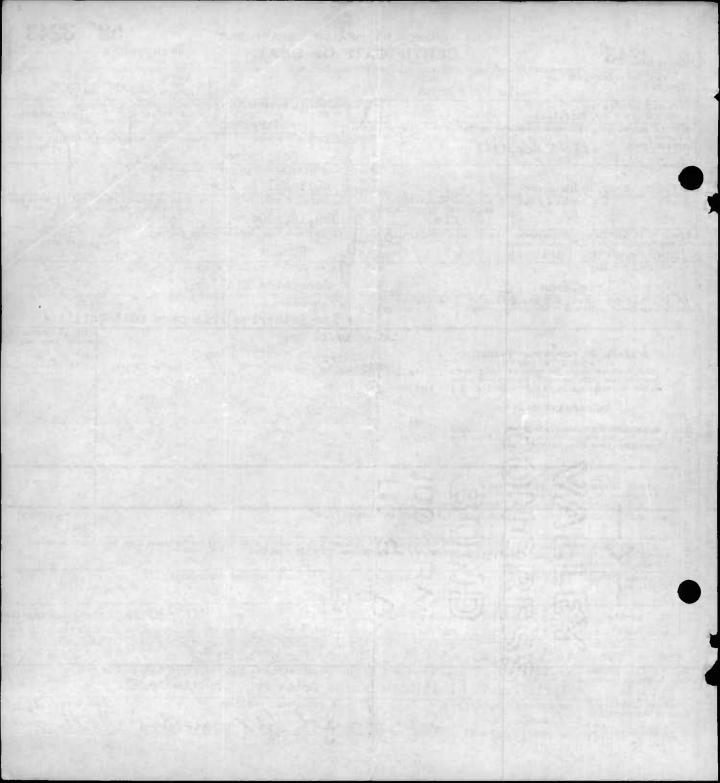
gistered No. 3242

B	IRTH NO.	CERTIFICATI	E OF DEATH	Registered	No.	
1.	NAME OF DECEASED (ype or Print) Mary E.	Smith		2. DATE OF DEATH	PR 2- 195	52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. I		idence dmission)
H	FULL NAME OF (If not in hospital or instit OSPITAL OR JOHNS HOPKINS HOS	ution, give street address or PITAL location)	47.14	outside corporate lim		L and give township)
C.	Length of stay in Baltimore	Yrs. Mos. Days		eural, give location)	St.	
5	Pemale Colored 7. SINE	CE, MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-22-22	9. AGE (In years)	If Under 1 Year If Under 1 Y	nder 24 Hours urs Min.
Jon Con	DA. USUAL OCCUPATION (Give kind of k done furing most of working life Nen if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN WHAT CO	
13	Plet Smith		14. MOTHER'S MAIDEN NA	well -		
	5. WAS DECEASED EVER IN U. S. ARMED FORCES: es, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HOPKIN		ADDRESS	
RTIFICATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, cheart failure, asthenia, etc. It means the disc injury or complication which caused det ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIT RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	Y (A) (A) (B)	static ca of bree	vinm est	INTERVAL ONSET AN	
CERTIF	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ATED				
CAL	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	RATION		20. AUT	OPSY7
1EDIC.	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hor CAUSE OF DEATH	LACE OF INJURY (e. g., ine, farm, factory, street, office bldg.,		f in Baltimore City	, give exact loca	tion)
Ì	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?		
	22. I hereby certify that I attended to deceased alive on 4-2-, 1957	2 and that death occur	rred at 340 Am., from t	he causes and on	that I last the date state	ed above
	23A. SIGNATURE AS DUCK	MYTHE D.	TONRES FROPKINS HO	SPITAL City to	4-2	-52 (State)
T	4A. BURIAL, CREMA- ION, REMOVAL (Specify)	24 AME OF CEMETE	LE 71. P	M. City, tow	n, or eounty)	(State)
PL L	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE I A CHA - NEV.	25. FUNERAL DIRECTOR	1 4.0	ADDRESS	12



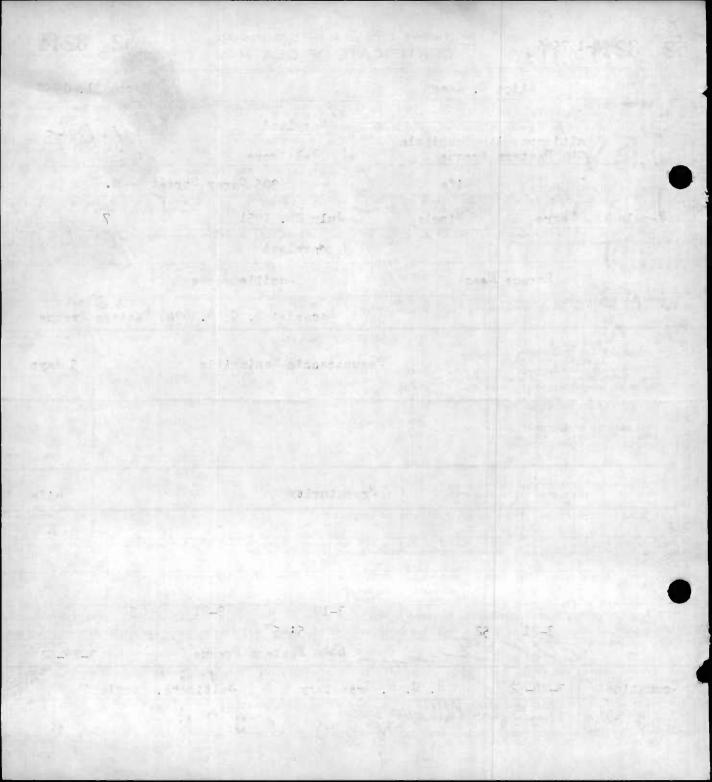
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0			BA		EALTH DEPARTMENT		2 3243
23	RTH NO. 4	3		CERTIFICATI	E OF DEATH	Registered N	0.
1. (T	NAME OF D ype or Print)		is Frie	edmann		2. DATE OF Apri	1 1,1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If	institution : residence before admissi
В.	FULL NAME		al or institu	tion, give street address or	18 A	2. 3331111	Delore wallion
	STITUTION	Sinai nos	ni tel	location)	c. CITY OR TOWN (II	outside corporate limits	s, write RURAL and g
1	17	DINALUS	proar		Baltimore	27	- 40
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		Yrs Days	6011 Wallis Av		
	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH		under 1 Year If Under 24 He onths: Days Hours M
	lale	White		ried	Jan, 16, 1904	48	1
		CUPATION (Give kind of of working life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTS
		ring Busines	5 Own	ier	Hungry		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Samuel	Friedmann			Josephine Wink	ler	
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
				SECORITI NO.	Mrs Katherine Fr	riedmann 6011	Wallis Ave
ERTIFICATION	RISE TO T UNDERLY	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T	(C)			
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
				FINDINGS OF OPER	RATION		20. AUTOPSY
¥							YES NO
IEDICAL		PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, g	(ive exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	ELL CONTROL
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 / Lauch			1	1945 10 10	4-1-52,19	that I last own
		y certify that I att	enaea the	and that death occur	mad at 7 30 m from t	he causes and on the	e, that I tast saw
	23A. SIGNA		, 194	and that death been	rred at 7 30 m., from t	ne causes and on in	23c. DATE SIGN
	()	neemBKi	nsh()	m M. D.	V3 20 Dectant	29	4.2-5
24 TIC	4A. BURIAL. (S	Specify			RY OR CREMATORY 24D. L		or eounty) (Star
	Burial	April 3	,1952	Baltimore Heb		altimore Md	
	ATE RECEIVE		ssignat	Velliages At 13	25. FUNERAL DIRECTOR	ont Bus	noth av
	VS 150	1302	09 5	6.	3 4 4		
11				5528	Land		

e is especially important. Physicians: please write the causes of death clearly as legibly.

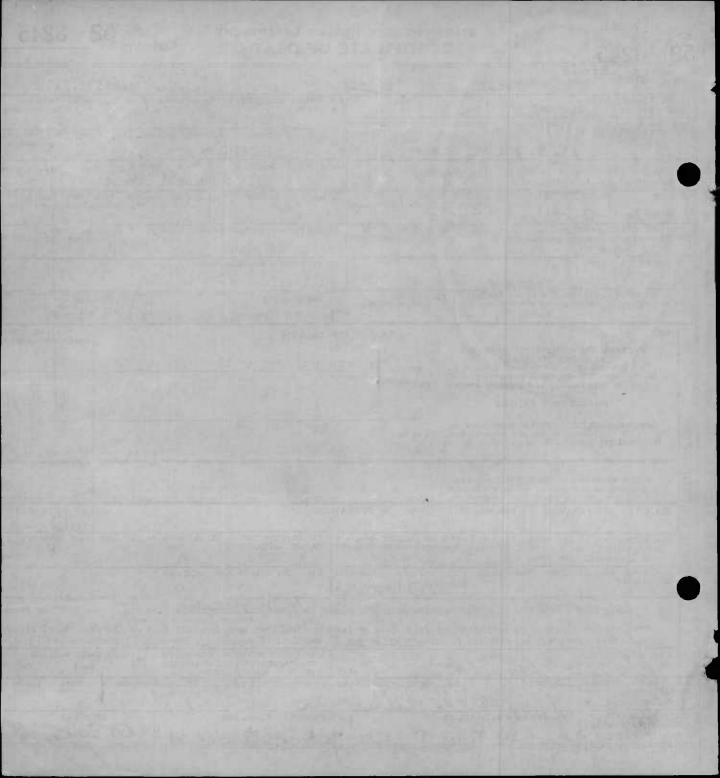


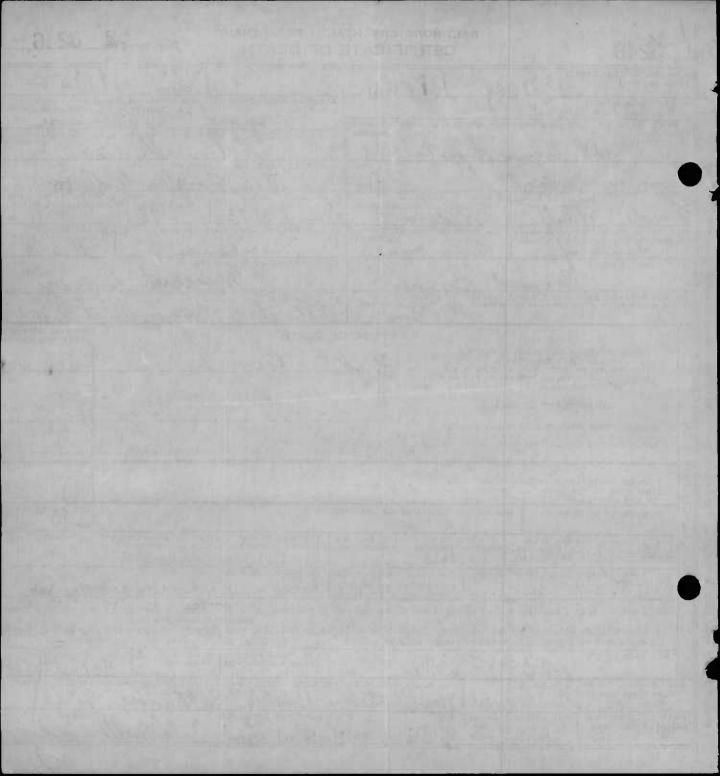
52 32 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3244

В	IRTH NO.	1-/11/0					
(7	NAME OF DE Type or Print)		ce D. K	ees		2. DATE OF DEATH	ch 21, 1952
B. H		ity, Maryland	City Ho		4. USUAL RESIDIA. STATE Maryland C. CITY OR TOWN Baltimore		If institution: residence before admission) hits, white RURAL and give township
	Length of st	ay in Baltimore	Li-	Yrs.	D. STREET ADDRI	Carey Street -	N.
	Female	6.COLOR OR RACE		E. MARRIED, ZED, DIVORCED (Specify)	July 28, 19	last hirthday)	If Under 1 Year If Under 24 Hours Min.
wor 10	DA. USUAL OCC	CUPATION (Give kind of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	Maryland	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S N	Horace			14. MOTHER'S MA	le Jones	
(Ye	5. WAS DECEASE me, no or unknown)	D EVER IN U.S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B	C. H. 4940 East	ADDRESS tern Avenue
ERTIFICATION	(This does heart failur in jury or DISEASES RISE TO THUNDERLY	OF CONDITION LEADING TO DEAT not mean the mode of eta, asthenia, etc. It mea complication which complication com	FH f dying, e. g ns the disens aused death ES FANY, GIVIN STATING TH	(B)	OF DEATH	lngitis	INTERVAL BETWEEN ONSET AND DEATH 5 days
CER	TRIBUTING TO THE DIS	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	p Prem	aturity		Life
EDICAL		F OPERATION 1	218. PLA	FINDINGS OF OPER	or 21c. WHERE D		20. AUTOPSY? YES NO
MED	LYING OR CAUSE OF E	CONTRIBUTING DEATH Month) (Day) (Year) I certify that I att ive on 21 URE	(Hour) m.	arm, factory, atreet, office bldg., a 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur	3-19, 19 med at \$14 m.	INJURY OCCUR? , to 3-21 , 53, from the causes and on	that I last saw the the date stated above.
2.	4A. BURIAL, C ON, REMOVAL (Sy Cremation	pecify)	4	4c. NAME OF CEMETE B. C. H. Cre		24d. LOCATION (City, town Baltimore. Mar.	
D	ATE RECEIVED	BY REGISTRAN		_	25. FUNERAL DIR		ADDRESS
	VS 150		-		4		



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R	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered Mike	The state of the s
۱	1. NAME OF DECEASED (Type or Print)	ELLE hE	VENSON	2. DATE OF H- 2	2-52
ï	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		itution : residence before admission)
	B. FULL NAME OF (If not in hospital or institu	ation, give street address or location)		outside corporate limits, per	Tte RURAD and give
oly.	INSTITUTION 3843 Loarn	aw ave	Valtern	pre 15	(fownship)
leg10	C. Length of stay in Baltimore	36 Mes.	3841 Lour	rural, give location)	ave
ah	Z O WIDO	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Months	t l Year H Under 24 Hours Days Hours Min.
early	10A. USUAL OCCUPATION (Give kind of workly been during most of working life, even jfretired)		11. BURPHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY
l cl	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
death	Janual.		kulina >	LIVIE.	
of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADDR	RESS
	(Yee, no or unknown) (If yes, give war or dates of service)	SECURITY NO	Housel deve	susson - H	ane
causes	18. 260 X	CAUSE	OF DEATH		INTERVAL BETWEEN
a	DISEASE OR CONDITION DIRECTLY		· Cmark	. 11	ONSE! AND DEATH
th	(This does not mean the mode of dying, e	(2)	IVE CEREBRAG	. Hemore 11	ME
write	heart failure, asthenia, etc. It means the disciniury or complication which caused dea	th.) DUE TO	ntensive - alx	enosolas tis	CVHIS
	ANTECEDENT CAUSES	77/00	ACLONICAL CONT.		
ease	DISEASES OR CONDITIONS, IF ANY, GIV	(B) Gene	rates car A	ulos class to	3
ple	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	Betes Mell	· Y-1-	
Physicians: pl	one constitution exist.	(C)	biachts of 611	1143	
claı		TO SERVE TO SERVE TO SERVE		XX THE RESERVE	
ıysı	OTHER SIGNIFICANT CONDITIONS CO				
Ph	TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER	BATION		
t.	19a. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	RATION		YES NO
important.	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hom	ACE OF INJURY (e. g., le, farm, factory, atreet, office bldg.,		f in Baltimore City, give	
im]	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
Ily	OF INJURY m.	WHILE AT NOT WHILE		, ,	
ecially	22. I hereby certify that I attended th	111	15 LX 30 to 4	12/5219 1	hat I last saw th
Spe	" " " " " " " " " " " " " " " " " " " "		rred at 2 - 1/m., from t		
122	23 SIGNATURE CARLLES		23a ADDRESS		3c. DATE SIGNED
2	1000000	M. D		OCATION (City, town, or o	county) (State)
1	24m BURIAL, CREMA- TION, REMOVAL (Specify)	Nounua	Purk	Halto	red
correct	DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	CAL	DDRESS O
CO	ADD 3 1952 Huntington	Villiams No	Jack Sewing	0 2100 Eu	tow the
	VS 150	5 2 0 1/1	3 2 1 9		
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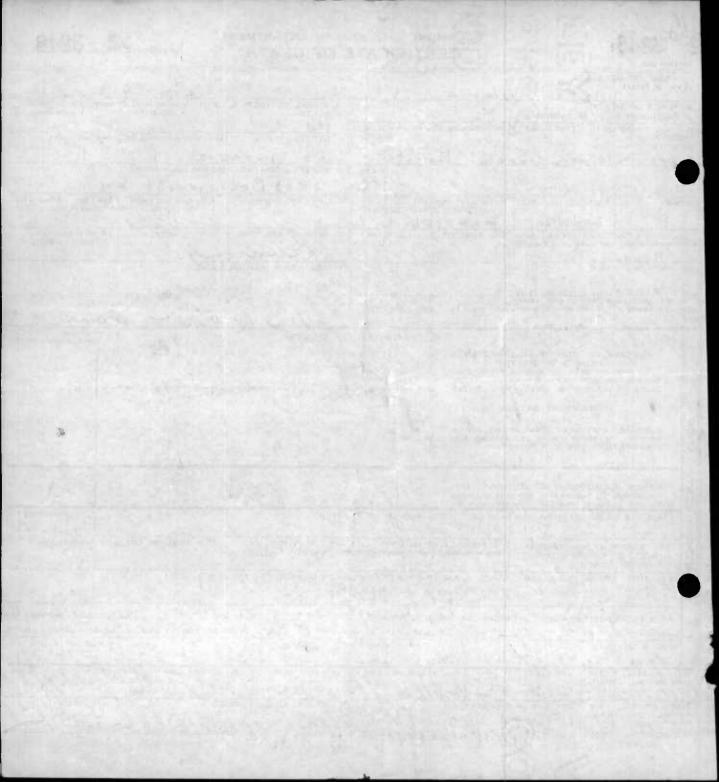
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Levin

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3248

BIRTH NO.	L OI BLAIN					
1. NAME OF DECEASED	2. DATE					
(Type or Print) Katia Lavin	OF DEATH 4-3-52					
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence					
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL, and give					
INSTITUTION	(township)					
Suth Baltimore General Hospital	Baltimore-30					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	2532 Boarman St# 16					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years fl Under Year fl Under 24 Hours last birthday) Months Days Hours Min.					
F White MARRIED	6.2.					
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHOLACE (State or foreign country) 12. CITIZEN OF					
work done during most of working life, even if retired)	Kussian What Country?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	1 . MOTHER S MAIDEN NAME					
Solomon Rosan barg	Sylvia Kramar					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) (If yes, give war or dates of lervice) SECURITY NO.	17 NORMANT ADDRESS					
(Let in or any Control of the or and or any	Thelela Alexies - Same					
18. ZAA / CAUSE OF DEATH						
ONSE						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the Cover					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ypho sar couce					
injury or complication which caused death.) DUE TO	buoral 3ed motostas.3					
ANTECEDENT CAUSES	contract) ed mento ito si s					
O DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
	YES NO					
LYING OR CONTRIBUTING about home, farm, factory, afreet, office bidg., etc.) INJURY OCCUR?						
S CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE ME WORK AT WORK						
22. I hereby certify that I attended the deceased from 3-22-, 1952, to 4-3-, 1953 that I last saw th						
deceased alive on $4-3-1952$, and that death occurred at $5:15a$ m., from the causes and on the date stated above						
	238. ADDRESS 23c. DATE SIGNED					
Yung-tsing Wona M.D.	1213 Polt St 4-3-195)					
24A/BURIAL, CREMA-1 24H. DATE 1 244. NAME OF CEMETE	ERY/OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
TION (REMOVAL (Specify)	ing men balto Md					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	AS FUNERAL DIRECTOR) ADDRESS					
LOCAL REGISTRAR A + + Win.	talk hours the zing butant					
APRO BULLINGIA (VILLAUS ALS)	2296					



2 3249

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3249

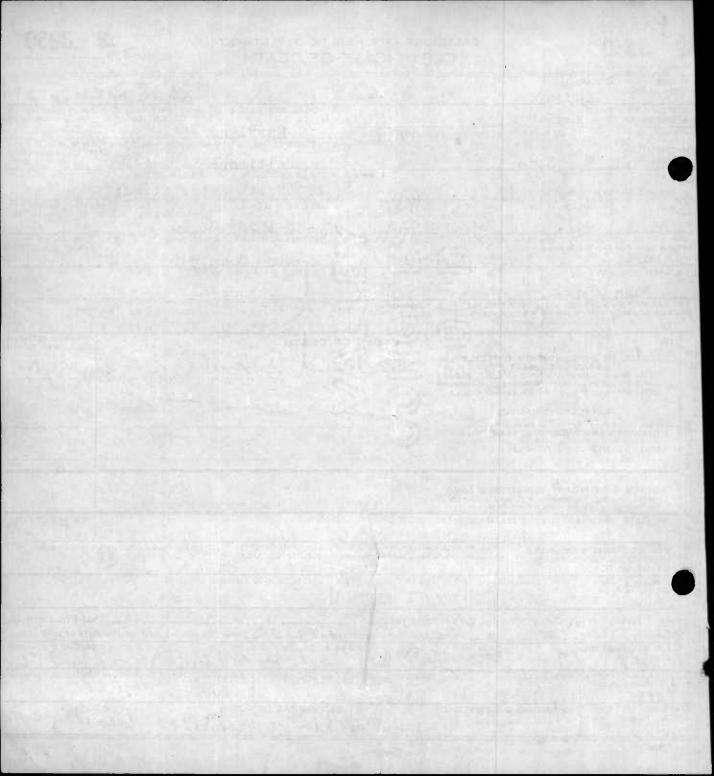
BII	RTH NO.						
(T)	NAME OF D	dans	es T.	Murp	hy	2. DATE OF DEATH 4 T	
A.		City, Maryland	BALL	0,	A USUAL RESIDENCE	E (Where deceased lived, If B. COUNTY	institution: residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit		, give street address or location)	C. CITY OR TOWN	(If outside corporate in it	s, write RVRAL and give township)
	Y	ULNIV.	1050			Nalto	
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	Sayzi	(If rural, give location)	
5.	SEX ///	6. COLOR OR RACE	7. SINGLE, WIDOWEL	D. DIYORCED (Specify)	8. DATE OF BIRTH	77 all Highlight	onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND @	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME			14. MOTHER'S MAIDE		
	Unkn	own)	Mu	rhhy	Un.	Knowy	
15 (Yes	, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	SECURITY NO.	17. INFORMANT	427 E. 425.	DRESS
CERTIFICATION	(This does heart failus in jury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA's inot mean the mode of tre, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IS TO THE DEATH, BUT TISEASE OR CONDITION	TH of dying, e.g., ns the disease, caused death.) SES FANY. GIVING STATING THE ST. TIONS CONNOT RELATED	DUE TO (B) DUE TO (C)	Congest HCVD	ire failure	INTERVAL BETWEEN ONSET AND DEATH
اد	19A. DATE C	F OPERATION 1	9B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIE LYING OCAUSE OF	DENT WAS UNDER . R CONTRIBUTING DEATH		E OF INJURY (e. g., i n,factory,street, office bldg.,		(If in Baltimore City,	
	21b. TIME OF INJURY	(Month) (Day) (Year	WH	E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK	ED 21F. HOW DID IN.	JURY OCCUR?	
	22. I hereb	y certify that I at	tended the de	eceased from 4.	-1- ,19 ⁷² , to	9-1-,195	that I last saw the
		live on 4-1-	_, 195 & ar	nd that death occur	rred at 6 0 5 m., fre	om the causes and on t	he date stated above.
	23A, SIGNA	ON. WA	toun	м. р.	Clarit.	10-40	23c. DATE SIGNED
717	DULLA	Specify) 24B. DATE	52 24	By The	ERY ON CREMATORY 24	to. LOCATION (City, town	or county) (State)
D/ LC	TE RECEIVE	BY REGISTRAR	s SIGNATUR	Elliama Africa	25. FUNERAL DIRECT	12/7 St. Paul	ADDRESS
=	VS 150		0		99 0 1 7	1	

State of the second sec there were Marke Congested theline Merid Barrell of the state of the sta

2	00
2	3250

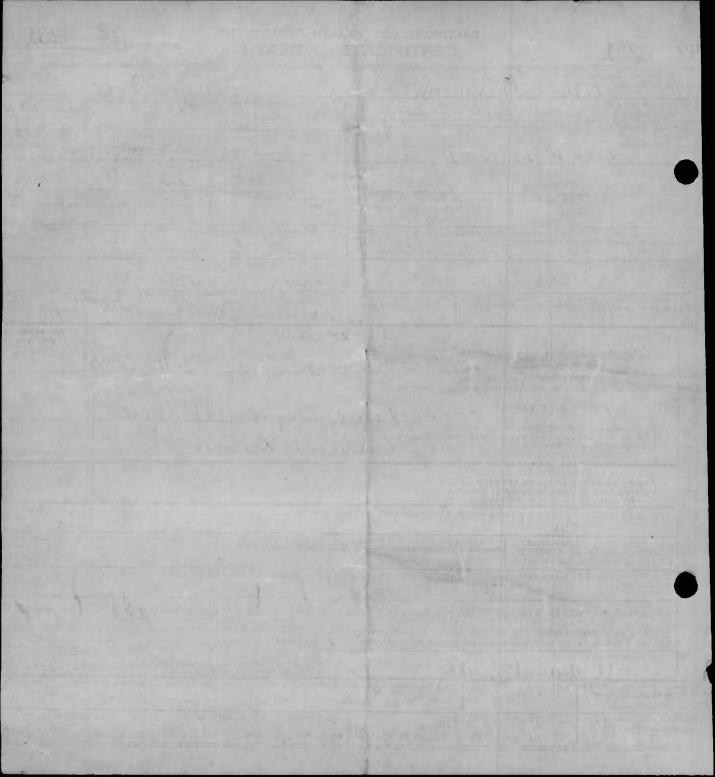
2	325	0	ВА	CERTIFICATI	EALTH DEPARTMENT	Registered No.	3250	
BII	RTH NO.			OLIVIII IO/VII				
	NAME OF D	Bowler		Fox		2. DATE OF DEATH 3.3	0.52	
	PLACE OF D Baltimore (Balto.	City	4. USUAL RESIDENCE (W		titution: residence before admission)	
HC	SPITAL OR	OF (If not in hosp	ital or institu	tion, give street address or location)		outside corporate limits, w	THE BUILDING and give township)	
	er Wil	1 Bar Home			Baltimore		township	
h.				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
-		tay in Baltimore		• Days	293 North Exter Street			
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Und last birthday) Month	er I Year If Under 24 Hours is Days Hours Min.	
	le	Col.		owed	Dec-25-1895	56		
work	done during most	CUPATION (Give kinds of working life, even if retired	of 10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF WHAT COUNTRY	
	Laborer In General			Caroline Coun	ity Va U	S.A.		
13.	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME			
	John	Fox			Unkown			
15. (Yes	WAS DECEAS	ED EVER IN U.S. ARMI	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
1	0	(, 700) 80 // 12 -0 0		SECURITI NO.	Evelyn Fox 293	N. Exeter S	+	
	18. 11.	12.1.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	1	SE OR CONDITION	DIRECTLY	0.	0- 11-	^ A'	ONSET AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							ee/4n	
		ANTECEDENT CAL	ISES				Make and	
Z				(B)	***************************************	***************************************		
임	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) STATING T					
4	UNDERLY	ring CONDITION	AST.	(C)		***************************************		
[문]	Charles III							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.								
U		OF OPERATION		R FINDINGS OF OPER	PATION		20. AUTOPSY?	
4	IDA. DAIL	or EXAMON O	IDB. MAJOI	C I INDINOS OF OFE	ATTON		YES NO	
EDICA	21A. ACCIE LYING O CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City, give		
		(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	OF INJURY WHILE AT NOT WHILE							
	m. WORK AT WORK						that I last some th	
	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw to deceased alive on, 19, and that death occurred at 2 20 m., from the gauses and on the date stated about							
	28A. SIGNA		, 19,		23B. ADDRESS		234 DATE SIGNED	
	1	1/9	JOW	navy.	403M	a assi	Ha 3.30.	
24 TIO	A. BURIAL. N. REMOVAL (S	CREMA- 24B. DATE		24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)	
-	Burial	4/3/49			4 E I I I A	oklyn Md.	CORRECC	
DA	TE RECEIVE	D BY REGISTRAL	K-S SIGNAT	UNE,"	25 FUNERAL DIRECTOR	_ A	DDRESS	

Huntington Williams Mar Elroy Wilson & or Broutly ave VS 1500



512	BALTIMORE CITY HEA		52 Registered No.	3251		
1. NAME OF DECEASED			2. DATE OF 2- 20	~~		
(Type or Print) Lather The	MPSON	4. USUAL RESIDENCE (W	DEATH 3 27	tution: residence		
A. Baltimore City, Maryland /300		A. STATE Mars	land.	before admission		
HOSPITAL OR INSTITUTION 1506 W. Lafar		C. CITY OR TOWN	outside corporate limit, wr	ite RUKAL and give formiship		
	Yrs. Mos. Days	STREET ADDRESS (If)	stayelle	save		
5. SEX 6. COLOR OR RACE 7. SI		8. DAJE OF BIRTH	9. AGE (in years If Under this thinking) Months	1 Year If Under 24 Hours Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done fluring most gliwer king life, even if retired)	KIND OF GUSINESS OR INDUSTRY	11. BORTHPLACE (State or for		CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Thomp	eron	14. MOTHER'S MAIDEN NA	wley			
15. WAS DECEASED EVER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	Marke Br	Wa 1506 W	Es Lafagette		
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY.	og, e.g., disease, death.) GIVING CTLY (A) Rhey Chey Ch	matic Cardiov. Le Congestion e	+ Viscen	INTERVAL BETWEE		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F	(c)Genera	tized Amsar	:4			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F	RELATED					
	AJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?		
UNDERLYING OR CONTRIB-	B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bidg., etc.		f in Baltimore City, give			
21D. TIME (Month) (Day) (Year) (Hour OF INJURY	2) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	D 21F. HOW DID INJURY	OCCUR?			
the evidence obtained by said and death in my opinion resu	Autoney Inspection or In	nauiru, find that said de	ceased died on the	lay stated above		
23A. SIGNATURE 23C. DATE S						
William Volo	M.I	23B, CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINER 23c. EXAMINER 3	30-52		
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 13	2 NAME OF CHMETER 2 My Calves	23B. CHIEF MEDICAL E ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT RY OR CREMATORY 24D. LO	EXAMINER. 23C. DEXAMINER 3-00R 3-00CATION (City, town, or control City)	30-52 county) (State)		
24A. BURIAL, CREMA- 24B. DATE	2 NAME OF CHMETER 2 My Calves	23B, CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGAT BY OR CREMATORY 24D. LO	EXAMINER. 23C. DEXAMINER 3-	30-52		

correct ago is estiming mirrorem.



correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3252

BI	RTH NO.						
	NAME OF D ype or Print)	LAWRENCE 1	REX COT	TON		2. DATE OF DEATH /pri	1 1, 1952
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (WA. STATE Maryland		institution: residence before admission)
B. HO	SPITAL OR STITUTION	US Public H	ealth S	ion, give street address or CTVLC location)	c. CITY OR TOWN (If		s, write RURAL and give township)
		Drive & 31st			Baltimore		5 (011111)
c.	Length of s	tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (If a 226 W. Ma	rural, give location) adison Street	
5.	SEX M	6.COLOR OR RACE	WIDOW	MARRIED. ED.DIVORCED (Specify)	8. DATE OF BIRTH 9/4/93	9. AGE (In years last birthday) Mo	f Under I Year If Under 24 Hours onths Days Hours Min.
WOLF	a. USUAL OC done during most otel Mar	CUPATION (Give kind of of working life, even if rotired)	108. KIND	of Business or INDUSTRY	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME	
1 62		ey L. Cotton			Frances Rosen	berg	
(Yei	Yes	ED EVER IN U. S. ARMEE (If yee, give war or date) WW I - USN	FORCES?	SECURITY NO.	17. INFORMANT Records- US PHS		odress ilto, Md.
	18. 20	40		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does	EE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which c	TH f dying, e.g ns the diseas	e. d	ary edema due to	circulatory	Unknown
		ANTECEDENT CAUS	ES	Leukem	ia, lymphatic, ch	ronic With	Over 2 yrs
N O		S OR CONDITIONS, II		G	anemia		Over 2 yrs
ATI		HE ABOVE CAUSE (A)			opneumonia, bilat	eral	Unknown
FIC					ATHE		
ERTIFICATION	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
AL C				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in earm, factory, street, office bldg., e		f in Baitimore City,	
		(Month) (Day) (Year)		21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
	m. work AT WORK						
	deceased alive on Apr. 1952 and that death occurred at 10:35Pm., from the causes and on the date stated of						
23a, SIGNATURE 23B, ADDRESS 23C, DATE SY							
D.W. Patrick, Medicar Officer in Change. US PHS Hospital, Balto, Md. 4/452							
710	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)						
_	Burial 4/4/52 Woodlawn Cem. Woodlawn, Md.						
L	CAL REGIST	RAR 1	1 1	A L'A	25 FONERAL DIRECTOR	10000	ADDRE
A	PR 3 19	52 Tuntu	your /	Velbrus HP	VIM, y. VI	conve	1
	VS 150	Maria Carlo	0 - 10	290	e2 5 Ø	Besto	
	2 1-00 Varco						

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3253 Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	THOL RHODES	2. DATE OF DEATH APR. 1,	1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institu A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital of HOSPITAL OR 5303 Edmondson	or institution, give street address or location)	c. CITY OR TOWN (If outside corporate lights, yellow	KURAL nnd give
Hood Nursing H	ome	Baltimore /6-0	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	Mos. Days	723 Edgewood St.	
female 6.COLOR OR RACE 7	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	Feb. 17, 1879 9. AGE (In years last birthday) Months: I	
work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	w	HAT COUNTRY?
never worked		Maryland 14. MOTHER'S MAIDEN NAME	
Charles W. Rhodes 15. WAS DECEASED EVER IN U. S. ARMED F	FORCES? 16. SOCIAL	Mary E. McIlhenny	
(Yes, no or unknown) (If yes, give war or dates of	service) SECURITY NO.	Mrs. Mildred K. Crist - 1828 H	
no l	no		TERVAL BETWEEN
18. 490 X	0	OF DEATH	NSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH	~ .	Land Presente	3 Naus
(This does not mean the mode of heart failure, asthenia, etc. It means	the disease,		
injury or complication which cau	sed death.) DUE TO		
ANTECEDENT CAUSES	S		
Z DISEASES OR CONDITIONS, IF A	***************************************		
RISE TO THE ABOVE CAUSE (A) ST			
A DIRECTING CONDITION EAST	(C)		
II II			
OTHER SIGNIFICANT CONDITI			
O TO THE DISEASE OR CONDITION C		M-101	OO AUTODEVA
19a. DATE OF OPERATION 0 198	MAJOR FINDINGS OF OPER		20. AUTOPSY?
O SIA ACCIDENT WAS UNDER	218. PLACE OF INJURY (e. g., h		
LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg.,		
2 ID. TIME (Month) (Day) (Year) (HOOF INJURY			
	m. WHILE AT NOT WHILE		
22. I hereby certify that I atten	nded the deceased from ?	card 31, 1952 to left 1, 1952, tha	t I last saw the
- La	1952, and that death occur	red atm., from the eauses and on the day	te stated above.
23A. SIGNATURE		3B. ADDRESS	DATE SIGNED
d. u. dale	I MIN M.D.	3517 Elmondon bre apr	12,1952
1 24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, of cou	inty) (State)
Burial 11/11/52	Green Mount Ce	Balto. Md.	disc
DATE RECEIVED BY REGISTRAR'S	1- 111	25. PUMERAL DIRECTOR	RESS
APR 3 1952 Tunting	low Withauer MER	Vim y vionner +	rons
VS 150		Pailto 17 M	cd
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3254 Registered No.

BIRTH NO.				
	arah E. Johnson		2. DATE OF DEATH Apr	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	before admission)
B. FULL NAME OF (If not in hospit	al or institution, give street address or	Md.		A7
HOSPITAL OR	location)		outside corporat/ liffits,	write RURAL and give township)
444 Fawce	tt Street	Baltimo	re /	
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore	Mos, Days	444 Fawcett	Street	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years If U	nder l Year If Under 24 Hours ths: Days Hours: Min.
Female White	Widowed (Specify)	March 8. 1884	68	and a second second
10A. USUAL OCCUPATION (Givekind of	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		2. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	Virginia		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	
IS. I ATHER S WAME		14. MOTHER S MAIDEN NA		
(Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS 15 W.26 St.
-		Mrs. Mary M.]	Hamilton. *	15 W.26 St.
18. // 20 /	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY			ONSE! AND DEATH
LEADING TO DEA	TH ///	remia)		
(This does not mean the mode of heart failure, asthenia, etc. It mes	ins the disease,		****************************	**************************************
injury or complication which	caused death.) DUE TO			
ANTECEDENT CAUS	SES	0100001. 110	tery u	1
Z DISEASES OR CONDITIONS, I	(в) О/У	arrany us	way u	/
RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO			
I CA				
OTHER SIGNIFICANT COND	ITIONS CON-			
W TRIBUTING TO THE DEATH, BUT	NOT RELATED			
O TO THE DISEASE OR CONDITION	PROPERTY OF CHARACTER OF STATE	ATION		20, AUTOPSY?
	ISB. MAJOR FINDINGS OF OPER	MITON		YES NO T
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (o. g., i	n or 21c, WHERE DID (I	f in Baltimore City, gi	120 () 110 ()
LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg.,			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE		april	
		1000	100	that I last one the
	tended the deceased from M			that I last saw the
deceased alive on M 4/1	_, 19 and that death occur	23B. ADDRESS	ne causes and on th	e date stated above.
MASA FIGNATURE	VCO: //:	22254111	10 0 A 1) G1	4/2/01/
24A. BURTAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D 1	OCATION (City, town,	or county (State)
TION, REMOVAL (Specify)	to /			
Burial	St. Mary's		ltimore, Md	ADDDEEC
DATE RECEIVED BY REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
ADD 3 1952 Tunter	rator William B 1500	Chenoweth Fun	eral Home,	
VS 150	o & markey my	36 5-17 Chest	nut Ave.	
V3 150		0070 71 011000	11.00	

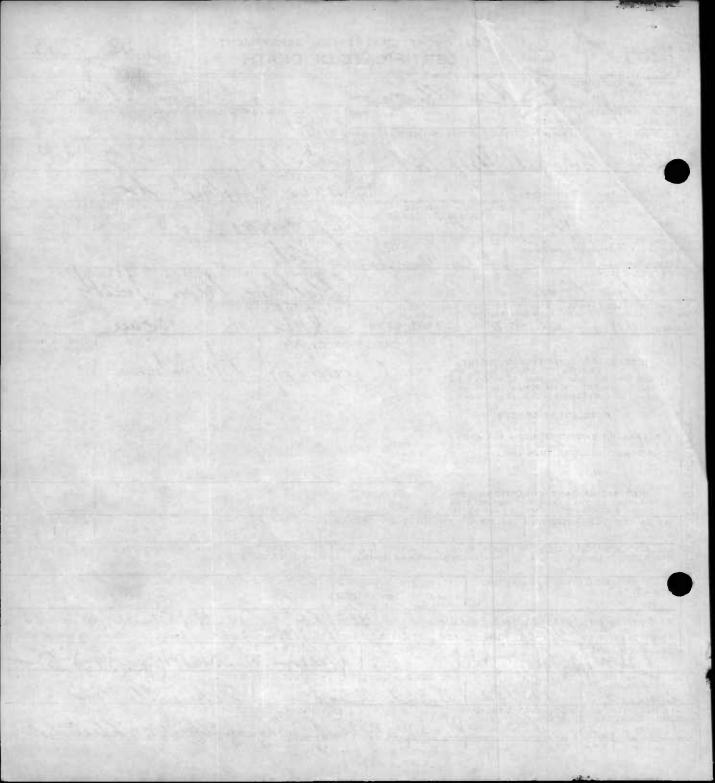
Chidecale 3725 Finan Company of the contract of the

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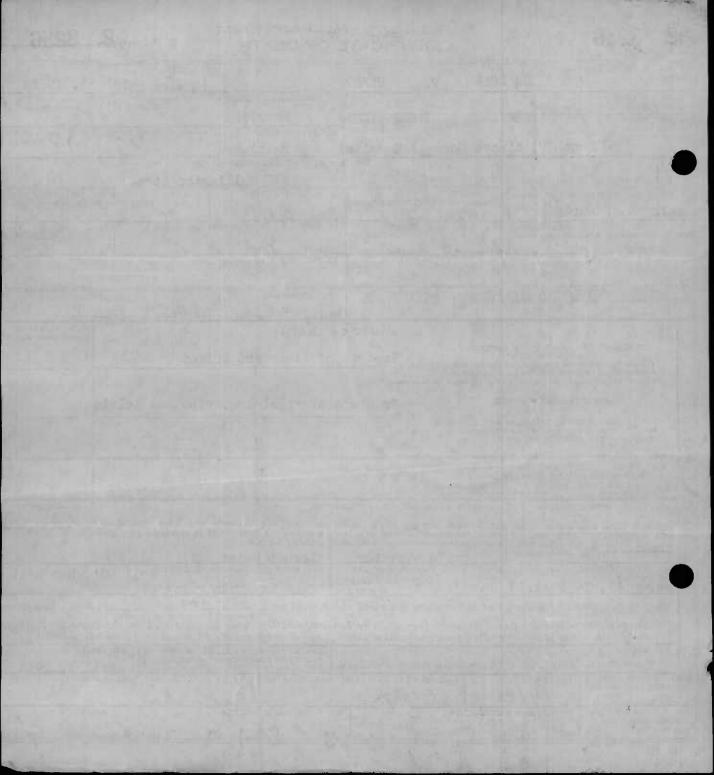
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3255

BIE	RTH NO.					
	NAME OF DECEASED pe or Print hanles how Reese			2. DATE OF DEATH 9/	13/2.5	
3. I	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)	
НО	FULL NAME OF (If not in hospital or institution, give street as SPITAL OR STITUTION	ddress or location)	c. city or town (1	outside corporate limits	write RURAL and give	
	am iconsist for	Yrs. Mos.	D. STREET ADDRESS (If	+ 1 1.0		
1000	Length of stay in Baltimore	Days	8. DATE OF BIRTH	9. AGE (In years) If	Under 1 Year H Under 24 Hoors	
	WIDOWSO DIVORCED	(Specify)	Oep. 9-1891	last birthday) Mon	nths Days Hours Min.	
	. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS done during most of working life, even if retired)	S OR DUSTRY	1 BIRTHPLACE (State or 1	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Foreman Jahn Deer Blow.	bo.	//6/			
13.	FATHER'S HAME (M)		Mediche	Yaris Pue	ith.	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURIT	V 'NO	17. INFORMANT	AI	DDRESS	
'	yer 1st W. W. 213-03-67		Vike	Schu		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Con	roughy th	mon boss.	ONSET AND DEATH	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
E	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS O	F OPER	ATION		20. AUTOPSY?	
EDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJUR about home, farm, factory, street, or			(If in Baltimore City, s	give exact location)	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
	22. I hereby certify that I gettended the deceased from 4/2/52, 19, to 43/172, 19, that I last saw the					
	deceased alive on 4/2/5310, and that dea	th occur	rred at 1. 17 cm., from	the causes and on the		
	23A. GGATURE Q. JORL	M. D. (BB. ADDRESS Mus	realton.	4-J-SIGNED	
24 TIC	N. RIMOVAL (Specify)	CEMETE	RY OR CREMATORY 24D.	LOCATION (CKy, town.		
	Blust 4/5/52 Dunil	Ulu	D. FUNERAL DIRECTOR	Mesulle	ADDRESS	
	ADD 2 1050 Huntington Williams	MIT	20066	56 3600 A	Chestur Ave	
	VS 150 1952 10 5 25 23	35	3 7 5 5		A C. C. Advanced B B D. C.	



11-	660		DAIT	TIMORE CIT	V HE	ALTH DEPARTMENT		
15	2 323 BIRTH NO.	56				OF DEATH	Registered No.	3256
1	. NAME OF E Type or Print)		RROLL	v. s	HERER	į.	2. DATE OF DEATH March	31, 1952
11_^		City, Maryland				4. USUAL RESIDENCE (W A. STATE Maryland		
-	HOSPITAL OR NSTITUTION	South Balt		lo	cation)	c. CITY OR TOWN (If	outside corporate limits, w	rije RURAL and giv
	Y		Imore de	Herar Hos	Yrs. Mos.	D. STREET ADDRESS (If r		
5	S. SEX	stay in Baltimore 6.COLOR OR RACE		MARRIED, D, DIVORCED		8. DATE OF BIRTH	9. AGE (In years Month	ar ! Year If Under 24 Hours as: Days Hours : Min.
1	nale	white CCUPATION (Give kind of working life, even if retired	1 10B. KIND	or BUSINESS		3-b 2 1917 11. BIRTHPLACE (State or for	35	CITIZEN OF
	Inspector 3. FATHER'S	i	boneses	to Frank		14. MOTHER'S MAIDEN NA	ME	WHAT COUNTRY
1	5. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL				
(Y	es, no or unknown)	(If yes, give war or dat	es of service)	SECURITY	NO.	man E. Rioles 8	16 Wellington	Lt.
	18. E	SE OR CONDITION				PF DEATH		INTERVAL BETWEE
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES Fracture of right arm, ribs and pelvis							3
RTIFICATION	RISE TO	S OR CONDITIONS. THE ABOVE CAUSE (A YING CONDITION L	STATING THE	DUE TO	•••••••••••			
FICA	07457	11		(C)				
CERT	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT.					
AL O				FINDINGS OF			in Baltimore City, give	YES NO
EDIC	UNDERLYIN	NAL CAUSE WAS G N OR CONTRIB CAUSE OF DEATH	about home, fer	E OF INJURY m, factory, street, official elevations	ce bldg., etc	Locust Point	24-1	
	210. TIME OF INJURY March 3	(Month) (Day) (Year 1. 1952 11:30			CURRED WHILE WORK	broke in grain	occur? Fell 90 elevator	' when belt
	1000	fy that I took cha	rge of the r	emains deser		ove, held an auto	psy nspection or Inquiry	thereon and from
	and de	eath in my opinion	resulted fro	sy, Inspection om: natural of	n or In eauses	quiry, find that said de , accident , suicide 238. CHIEF MEDICAL E	□, homieide □, und	etermined []. DATE SIGNED
	4A. BURIAL.	CREMA- 24B. DATE	· Dun	eache IC. NAME OF CE	METER	ASSISTANT MEDICAL E	XAMINER Apr	11 1, 1952
T	ON, REMOVAL (S	2 4/4/	S SIGNATUR	St Pete	is	3. FUNERAL DIRECTOR	toba	DDRESS
	APR 3		ytor /	Miaus !	120	Bal & Shewwith	the 3615-12 Chis	tunt like.
11 1	S 151	Carlo Carlo	0.	690	24			

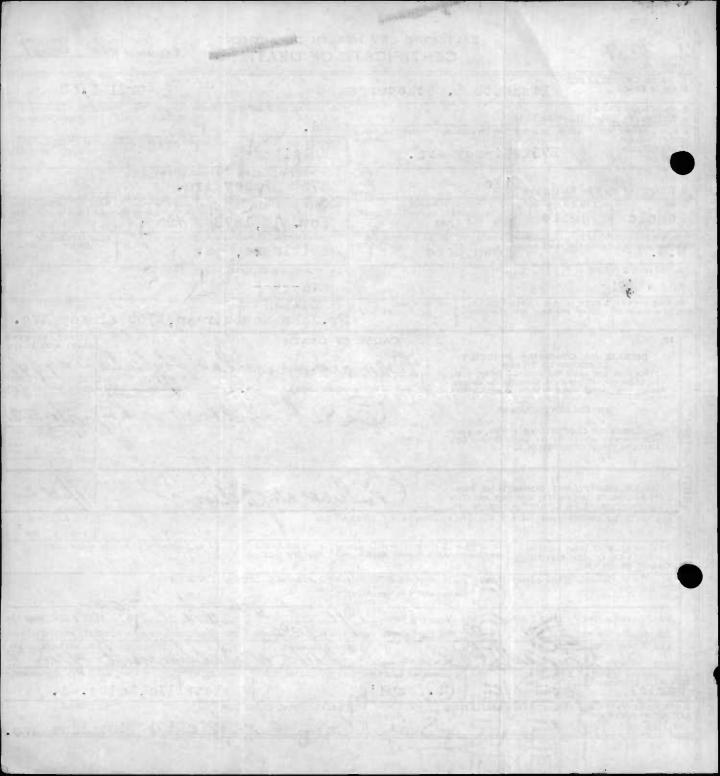


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3257

Diviti No.	
1. NAME OF DECEASED (Type or Print) 2. DATE OF April 1/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY Before add B. COUNTY B. COU	
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RORAF of	and giv waship
c. Length of stay in Baltimore Life Yrs. Mos. 2752 Kinsey Ave.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years light birthday) Months: Days Hours Wildow 12.1878 73	s 24 Hours
10A. USUAL OCCUPATION (Givekind of working life, even if retired) Own Home INDUSTRY 11. BIRTHPLACE (State or foreign country) Beltimore, WHAT COUNTRY	F JNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Adam Emig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Kinsey A	ve.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CON-	9 <i>9</i>) 52
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	2_
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTO	NO [
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH	m)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 3// 195, to 4// , 19 , that I last s.	an th
deceased alive on 3/3/, 1952 and that death occurred at 1304 m., from the causes and on the date stated	above
23A. SIGNATURE THANK (Cahen M. D. 2145W Ballimus St 4/1-	
24a. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) BURIAL Specify April 4/52 St. Paul's Violetville, Balto. Md.	S
	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR APR 3 1957 Huntington Williams Marine To Wi	52



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3258

1. NAME OF DECEASED (Type or Print) Philomine Leveque	2. DATE OF April 2/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
3207 W. Belvedere ve.	Baltimore (township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 27 YTS Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
Temale White Widowed, DIVORCED (Specify	March 3,1874 last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wind Home	France
Pierre Jupont	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs.Aimee Aquilar, 3207 W.Belevere
	bral Louverhage 45 min. Gerin Clerain, guerdine 9ears
	extension, arterial Jesus Jo. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout bome, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK	RED 21F. HOW DID INJURY OCCUR?
22. Dereby certiff pat i attended the deceased from declased Nive on 1992, 1952 and that death of the	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington	25/FUNERAL PIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

amonities of the state of the same . Ve Banto Ditos Continue Avi. doub . OVA TO COLOR OF THE SECOND S

CERTIFICATE CORRECTED 1/52 ES BALTIMORE CITY HEALTH DEPARTMENT

52 3259

	RTH NO.		CERTIFICATI	E OF DEATH	Registered I	10.	
	NAME OF D	eceased Rufus	E. Wiscott		2. DATE OF DEATH MARC	h 31/52	
A		City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE			
HO	SPITAL OR	Bouth Balti	more General location)		outside corporate limi	s, write RUKAL and give	
	I	Hospital		Baltimore	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	Langth of s	tay in Baltimore	Yrs. Mos. Days	302 N. Hilton			
	SEX	6. COLOR OR RACE	7 SINGLE MARRIED	8 DATE OF BIRTH		If Under 1 Year If Under 24 Heurs onths Days Hours Min.	
Ma	le	White	WIDOWED DIVORCED (Specify)	April 14,1895	Iast birthday) Mo	onths Days Hours Min.	
10/ En	gineer	CUPATION (Give kind of working be pure treited)	Crown, Cork & Seal	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRYS	
	FATHER'S N		CURIL PRUD (M)	14. MOTHER'S MAIDEN NA	ME		
	Wisc	cott		Unknown		V	
15. (Yes	WAS DECEASE	D EVER IN U.S. ARMEI		17. INFORMANT		DDRESS	
			212 09 8186	Mrs. Louise Wi	scott,302	N.Hilton St	
	18. 24	5X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	20-1					
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. g.,	Gramilomatosis, i	NOTAL SELECT	h	
	injury or complication which caused death.) DUE TO LINES, stomach peritoneum and spleen. (over						
		ANTECEDENT CAUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Y CONTROL TO CO	X		
O		OR CONDITIONS, I					
FA	UNDERLY	HE ABOVE CAUSE (A)		ESCHOLOGO CONTROL			
2			(c) AN A				
ERTIFICATION	OTHER 6	IGNIFICANT CONDI	ITIONIS CON				
田田	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
U,			98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
DICAL						YES NO	
EDICE	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)	
	ID. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?		
	22 I hereb	a contifu that I at		950 19 to	3/3/ 196	that I last saw the	
			, 1952, and that death occur	7 30 1		he date stated above	
			The and is			23c. DATE SIGNED	
24	A. BURIAL,	CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	, or county) / (State)	
1318	rial (S	April 3		Balti	more, Md.		
LO	TE RECEIVE	and the second second	atington Williams	25 FUNERAL DIRECTOR	A (ce 4101 M	dmondson Av	
-				3.	/		

There is in Document File 52-3259 letter from Dr. M.N. Scheye, 3 21 Edno dson Avanua correcting preliminary diagnosis according to later a inion of pathologist ruling out tuberculesis, attating that the many small nodules which were found grossly at autopsy proved to be allergic granulomatosis.

Final diagnosis:

Allergic granulomatosis, involving poth lungs, stomach its
Pyoperitoneum:
Pleural adhesions:
Arteriosclerosis, mild:
Myocardial Fibrosis, slight:
Possible carcinoma of line
Adenomatous Hyperplasia of prostate; mild.

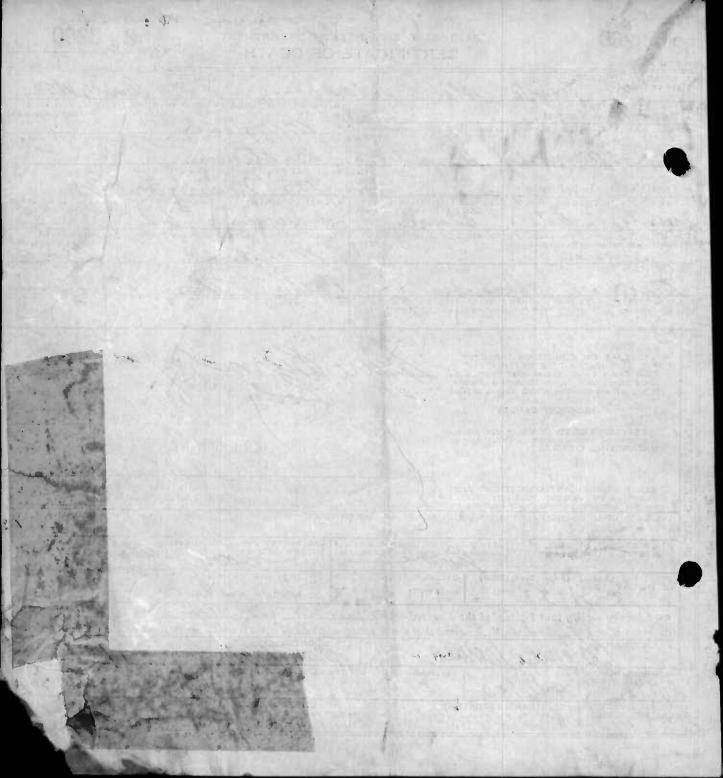
9/9/52 ES

Photostat front & back if request for transcripts hereof is made.

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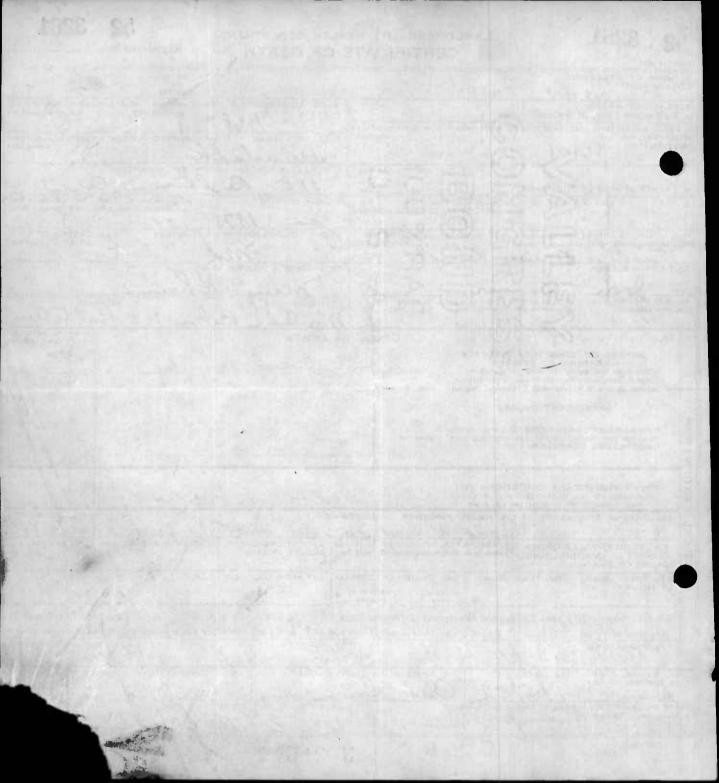


grasonal BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH 1. NAME DECEASED 2. DATE (Type or Pr. 4) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF ATH: B. COUNTY A. Baltimore ty, Maryland A. STATE B. FULL NAME F (If not in hospital or i itution, give street address or location) HOSPITAL OR (If outside corporate limits write HURAL and rive INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore Days 7. SINGLE, MARRIED (In years H Under 1 Year 6. COLOR OR RACE Age (In years | Months Days Hours Min. WIDOWED, DIVORCED (Specify) Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF SUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR work done during most of working life, even If retired) INDUSTRY none 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or nnknown) (o (If yes, give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST. MEDICAL EXAMINER TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or bout home for m, factory, street, office bldg., etc.) If in Baltimore City give exact location) 21c. WHERE DID HOMICHDE SPECIFIC INJURY OCCUB 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE in home 1. 1952 that I last saw the 22. I hereby eartify that I attended the deceased from March 3 1952 deceased alive on floril 1, 1952, and that death occurred at 7:35am., from the causes and on the date stated above. 24A. BURIAL (RE.1A. TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City; town, or county) BURIAL CaThedra 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Verhalles, No AHEY SONS 401 SUFFOLK VS 150



13-260	52 3261					
52 3261 BALTIMORE CITY HE	EALIR DEPARTMENT	_				
BIRTH NO.	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print) JOHN BAKER	2. DATE OF DEATH 4-2-52					
3. PLACE OF DEATH: A. Baltimore City, Maryland	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		and give				
INSTITUTION SINAI HOSP		wnshlp)				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Und	ler 24 Hours				
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retire)) INDUSTRY	W.BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY WHAT COUNTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Below	man Khan					
15. WAS DICEASED EVER IN U. S. ARMED FORCES? (Yee, no of nnyhown) (If yee, give war or dates of service) SECURITY NO.	Men Oda Boken 118 Baltol	2				
18. CAUSE		ETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND	DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	- wites trual hemore hago					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
(c)		••••••				
E CTUER SIGNISICANT CONDITIONS CON		79				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e arkrioscleroke heart dueace					
	RATION 20. AUTO	PSY?				
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	morrhage, source undetermined YES A	NO L				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., of CAUSE OF DEATH		on)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK AT WORK						
The state of the s	-2-52, 19, to 4-2, 19 5, that I last					
	rrcd at 6,20/1 m., from the causes and on the date stated					
Lastine M. Elieuworth M.D.	236 ADDRESS Linai Alop 23c. DATE S	VIGNED				
24A. BURIAL, EBEMA- 24B. DATE 24C. NAME OF CEMETE		(State)				
Bun 4/5/52 Oak Las	un Cen Ballo Co	4				
DATE RECEIVED BY HEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
APR 3 1952 Hantington Vollaus,	Willed + Homed 112 Deep					
vs 150	5 2 5 9					

correct age is especially important, anysicians, pres



2 3262

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3262

CERTIFICATE OF DEATH				
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Florence Isabell (
s. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE Md before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location				
622 N. Frement Ave.	Baltimore, Maryland (Vtownship)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore 60 Yrs. Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	622 N. Fremont Ave.			
Female Negro Widow Widow				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
None None	Carroll County, Md.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Robert Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	III DOTSEY 17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or deten of service) SECURITY NO.	Russell Griffin, 622 N. Fremont Ave			
18. 477. / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not made and duing a great property of the property	ONIC ARTHRITIS 14 YRS			
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)				
	10 100			
Z DISEASES OR CONDITIONS, IF ANY, GIVING	DIO VASCULAR DISEASE 10 YRS			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(C)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE				
21A ACCIDENT WAS LINDED. 21B. PLACE OF INJURY (6. 8.	in or 21C. WHERE DID (If in Baltimore City, give exact location)			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g., LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS				
IN. WHILE AT NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from	10, 1937, to APR (, 1952 that I last saw th			
deceased alive on MA R 18, 1952, and that death occu	erred at 6 A.m., from the causes and on the date stated above			
& William trey M.D.	1928 Perma ar 4/3/52			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET				
Burial 4/5/52 Mt. Auburn				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Chenlae E Taw 800 Mad Ava			
APR 3 1932 Munkington Williams, Miles	Charles R. Law, 802 Mad. Ave.			
VS 150	3 2 6 0			

EMILIER MEDICAL ROLL OF PE a manufacture and below we Annual Control of Control of Loc . Ova desarts . Licsal . . The January . We say 1/1/ • - I the second munifordization jerotox anya shemali wall by the stemant and the . It is not that the street medical track the east 10th, but it in trucks

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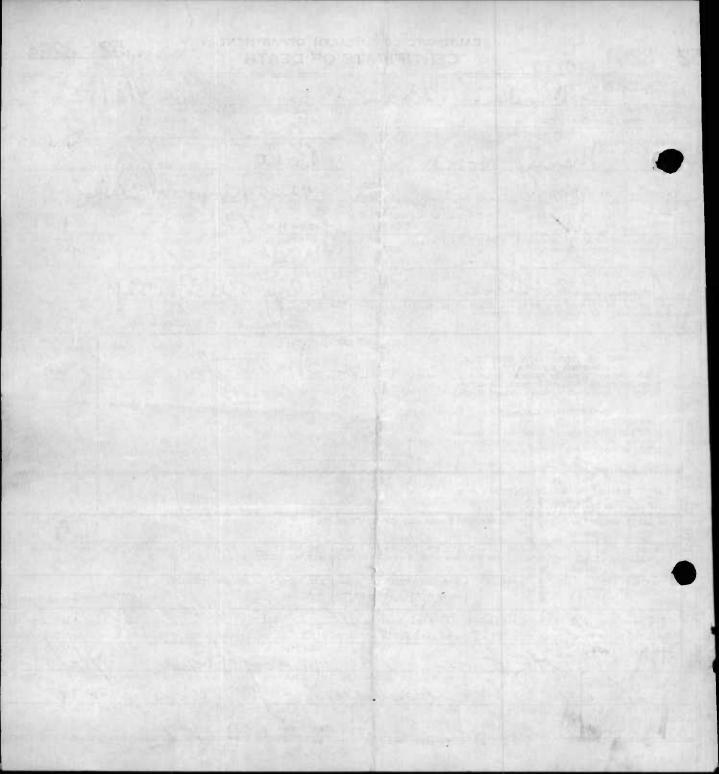
CERTIFICATE OF DEATH

52 3263

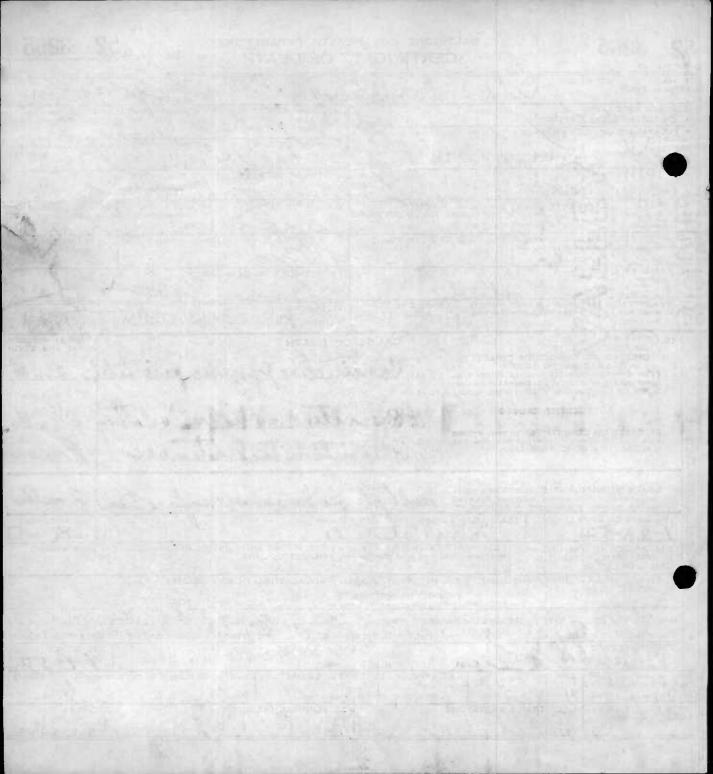
BIF	RTH NO.			EKTH ICAT	L OI DEATH	<u> </u>	
1.	NAME OF D	ECEASED	self to the		2. DATE OF		
			FRANCES	BOND		DEATH Apr	
	Raltimore (City, Maryland 32	O7 Hudeo	on Sta	4. USUAL RESIDEN	ICE (Where deceased lived, I	f institution: residence before admission)
		OF (If not in hospital			Md.		
	SPITAL OR			location)	C. CITY OR TOWN	(If outside corporate line	its write HURAL and give township)
					Balt	imore	y (township)
	No.			Life Yrs.	O. STREET ADDRES	S (If rural, give location)	
c. 1	Length of s	tay in Baltimore		Mos. Days	3207	Hudson St.	
5. 5	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours 1 Hours Min.
-	emale	White	Wid	lowed	September 16,		Tontus Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Reti		House		Baltimore	. Md.	U.S.A.
13.	FATHER'S	VAME			14. MOTHER'S MAIL		
		John Best	inskey			Unknown	
15.	WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(I cs,	No or unknown)	(If yes, give war or date.	I of service)	SECURITY NO.	Mrs. Joseph P	oetzel 1015 S.	Potomac St.
	18. 140	0.1			OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY			1	ONSET AND DEATH
		LEADING TO DEAT	TH	alle	rembertie (· V. Hesene	Jua 2/5
	heart failt	ire, asthenia, etc. It mea complication which c	ns the disease,	OUE TO	······································		
	Injury or			00E 10			
_	ANTECEDENT CAUSES (B) Chiami nyasaliles						
6	DISEASE	S OR CONDITIONS, I	F ANY, GIVING	(B)			
E		THE ABOVE CAUSE (A)		OUE TO	J. M.	M-1	000 11/2
O				(C)		y ourself	Ma1 15-
IL.		11					
ERTI		SIGNIFICANT CONDI			2,		
U .		ISEASE OR CONDITION	CAUSING IT.				
1	19A. DATE	OF OFFERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		- wm	•	770		- (74 t P 14) - (14)	YES NO
ŏ	LYING OF	RECHTRIBUTING DEATH	about home,	E OF INJURY (e. g.,	in or 21c. WHERE DIE etc.) INJURY OCCUR		, give exact location)
		(Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURR	ED 21F. HOW DID I	INJURY OCCUR?	
	OF INJURY	rme		HILE AT ZHOPWELLE		en	
				WORK LAT WORK			1
					that I last saw the		
		live on June 3	_, 191 A . ar		$rred\ at$ $m., j$	from the causes and on	
	23A. SIGNA	TURE		/	23B. ADDRESS	W.	23c. DATE SIGNED
2.4	A. BURIAL,	CREMA- 24B, DATE	men	M. O.	RY OR CREMATORY	24D. LOCATION (City, tow	7-2-52 (n, or county) (State)
	N, REMOVAL (Specify)			Control Control		
_	Burial	April 4,		Holy Redeemen		4430 Belair Rd.	Balto, Md.
LO	TE RECEIVE	TRAR REGISTRAR	'S SIGNATUR	(E	AS FUNERAL PIKE	901 S. Con	
	APR 3	1952+1-4:	to low	10001	Marker St. T	BULL	erring 20.

· Dunsen Elle SOT THE E ON TOS N 6001, U 1800 200 Minus Back. the core; it The medical and the first for the second with the second AND THE PARTY OF THE STATE OF T

BALTIMORE CITY HEALTH DEPARTMENT Registered 32 CERTIFICATE OF DEATH 1. NAME OF DECEASE 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY-OR TOWN (If outside corporate limits, write RNRAM and give NUTION township) Yrs. D. STREET ADDRESS (If rural, give lookion Mos. c. Length of stay in Baltimok Days 6. COLOR OR RACE X SINGLE, MARRIED 9. AGE (in years) Il Under 1 Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINESS OR BIRTHPLACE (State er foreign country) 12. CITIZEN OF work done during most of working life, even If retired) WHAT COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN (Yes, no of unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO FICATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from to 1957, and that death occurred at/2 _m., from the causes and on the date stated above. deceased alive on_ 23B. ADORESE 23C PATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY TION (City, town, or county) 248. DATE TION, REMOVAL (Specify) EA dOWLIGGE DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150

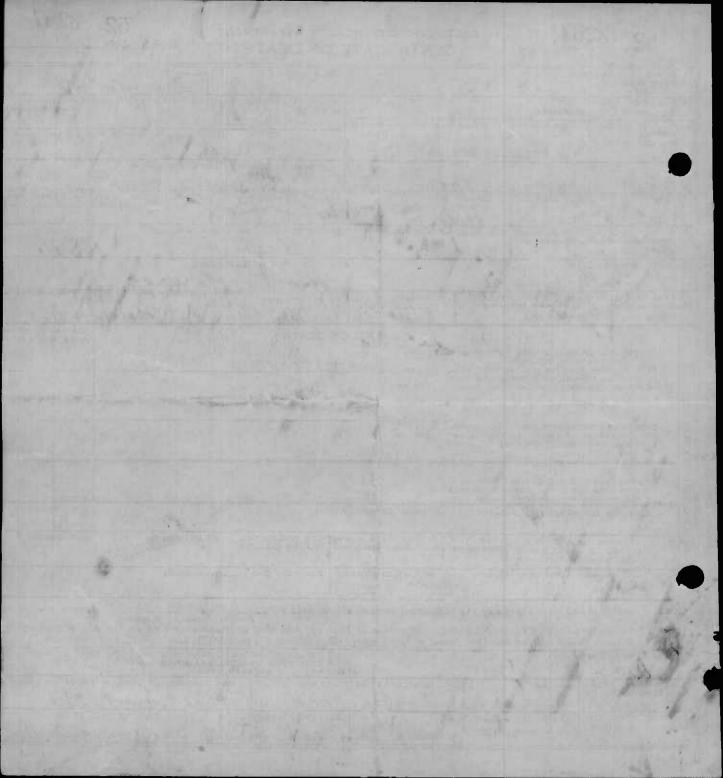


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1		EALTH DEPARTMENT 52 3265
	BIRTH NO.	E OF DEATH Registered No. 3265
	1. NAME OF DECEASED Rita Remale	erg. 2. DATE Jan. 3, 1962
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased wed, If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	1 Tridericle
	DOHNS HOPKINS HOSPITAL	c. CITYOF TOWN (If outside carporate limits, write RURAL and give township)
	Yrs. Mos.	D. STREET SDDRESS (If ruxal, give location)
=	C. Length of stay in Baltimore Days 7. SEX 6. COL PR OR RACE 7. SINGLE, MADRIED.	8. DATE OF BIRTH 19 AGE (In years) If linder 1 Year If linder 24 Name
X	emple white WIDOWED, DIVORCED (Specify)	12-24-20 9. AGE (In years of Under I Year lit Under 24 Hours Min.
4	10A USUAL OCCUPATION (Give kind of ork done during most of working life even if retired) Nousewife	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMED
-	Marles alsa	Anna Isla
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL ADDRESS
	18. 410 X	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	t. t.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	trictive progenie periculité 2 sette
	injury or complication which caused death.) DUE TO	
1 2	ANTECEDENT CAUSES	stive mitral valveleton 2/2 with
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
1		netic mitral stenoses 8 years
For	TRIBUTING TO THE DEATH, BUT NOT RELATED	pulmanary interesting 2 milles
1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?
180		YES NO
PDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deccased from	1952, to 4/3, 1952, that I last saw the
	deceased alive on 4/3, 1952, and that death occur	The art in the causes and on the date stated above.
	Queget C. Molean M.D.	38. ADROFINS HOPKINS HOSPITAL 23C DATE SIGNED
1	24A. BURIAL, CHEMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
1-	Burial 4-6-52 Recorme	25 FINEDAL DIPECTOR
	APR 3 1952 Huntington WH	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
	VS 150	



4160	
52 3266 BALTIMORE CITY HEALTH DEPART	
BIRTH NO.	H Registered No.
1. NAME OF DECEASED (Type or Print) Charles, Wohler	2. DATE OF U. I. SZ,
A. Baltimore City, Maryland Baltimore Mc. A STATE	ENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Jocation)	LAND (If outside corporate limits, write RURAL and give
INSTITUTION Sinar Hospital BALT	TIMORE 20-05 township)
c. Length of stay in Baltimore Life Mos.	S. SMALLWOOD ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	H 9. AGE (In years fl Under I Year N Under 24 Hours last birthday) Months: Days Hours Min.
Midoused Hygusts	State or foreign country) 12. CITIZEN OF
work dose during most of working life, even if retired) LANG PICKLE CO. MARK	WHAT COUNTRY!
13. FATHER'S NAME 14. MOTHER'S MA	DEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	Known
(Yes, no or unknown) (If yes, give war or dates of service) SECHRITY NO	dams 305 S. Smallwood St.
18. 237 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Tuttor Cerebro	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Palmonary embolus with infarct.	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C) Peuttrated Ulcare	s of Stomack
OTHER SIGNIFICANT CONDITIONS CON-	The state of the s
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•
194 DATE OF OPERATION 198 MAJOR FINDINGS OF (PERATION	20, AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. p., in or 21c. WHERE shout home, form, factory, street, office bidg. etc.) INJURY OCC	DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	Baltimore Md. Sinci plassiful
OF INJURY NOT WHILE AT NOT WHILE	O INJURY OCCUR?
22 Thereby certify that I attended the deceased from 2, 195	1952, that I last saw the
deceased alive on 1. 1982, and that death occurred at 9 A.m	., from the causes and on the date stated above
238. ADDRESS	Hospital 23c. DATE SIGNED
	1100 1110
244. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY	240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE LOUDON TAR A.	139LTINORE Md. (State)
BURIAL 4-4-52 LOUGONTARN.	1394 TINORE Md. RECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOCAL REGISTRAR SIGNATURE, LOCAL REGISTRAR	139LTINORE Md. (State)



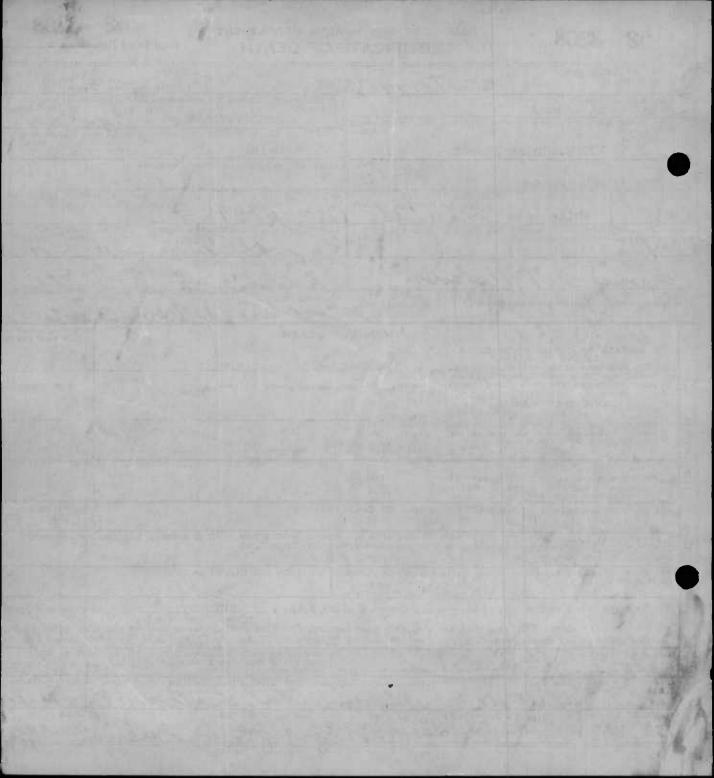


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HAREINS



OF INJURY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, uffice bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

218. PLACE OF INJURY (e. g., in ur

21E. INJURY OCCURRED NOT WHILE WHILE ATT

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from. deceased alive on 4/V 19 I and that death occurred atto 23A. SIGNATURE

24B. DATE

23B. ADDRESS 248. NAME OF CEMETERY OF CREMATORY

AT WORK

24D. LOCATION (City, town, or county)

23c. DATE SIGNED 4-3-1

ION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

BURIAL, CREMA-

REGISTRAR'S SIGNATURE

Am., from the causes and on the date stated above.

MODRESS

19 that I last saw the

YES

(If in Baltimore City, give exact location)

VS 150

dualus At

uss

5. FUNERAL DIRECTOR

Mary Bayon Da

52 - 3270BALTIMORE CITY HEALTH DEPARTMENT -3270Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Jutside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION mare Yrs. D. STREET ADDRESS VII rural, give location) Mos. asalre au c. Length of stay in Baltimore Days 8. DATE OF BIRTH If Under 1 Year 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 12. CITIZEN OF week done during most of working life, eyendfretired) WHAT COUNTRY? INDUSTA estern 13. FATHER'S NAME Speed Charge 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. 442X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID 218. PLACE OF INJURY (c. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE AT WORK that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. deceased alive on 1951, and that death occurred at 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR ADDRESE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT 3271 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE MARY C. DANIE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR BAR-Wil-BAR Convolescent Home (If outside corporate limits, write RURAL and give 2101 W. Cold Spring - IIMOre D. STREET ADDRESS (If rural, give location) Yrs. Mos. Edmondson the c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year II Under 24 Hours I Months; Days Hours Min. WIPOWED, DIVORCED (Specify) Colored Widow 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (JROOMS VAMES Cornelia 15. WAS, DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. ANIE 15 911 Edmondson X +20.1 NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES B, CARDio-renal . 1) CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OF INJURY (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from Oct. 9 deceased alive on MARCHY6, 195V. and that death occurred at 7:15A.m., from the causes and on the date stated above,

195/ to HOVII

. 1952 that I last saw the 23c. DATE SIGNED

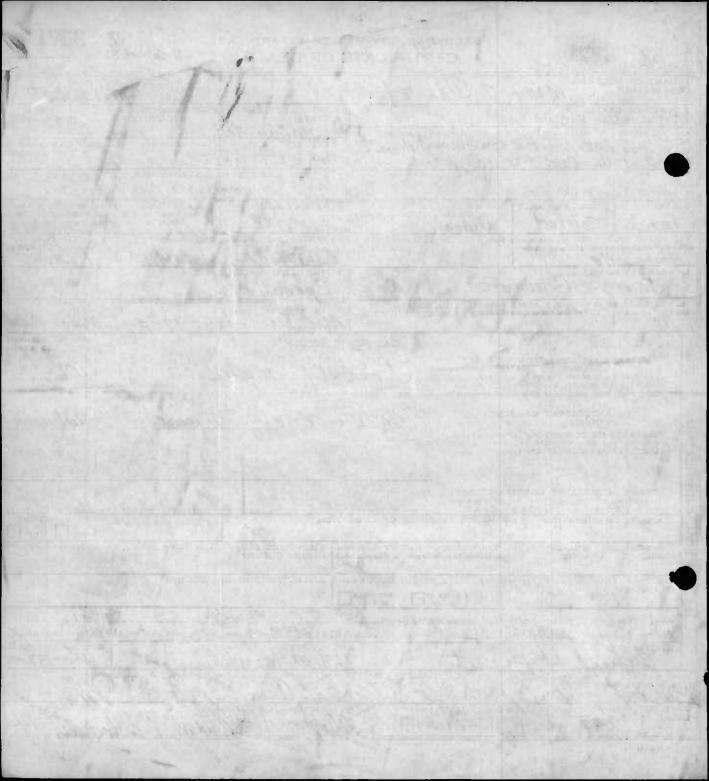
23A. SIGNATURE

24A. BURIAL, CREMA-TION. REMOVAL (Smecify)

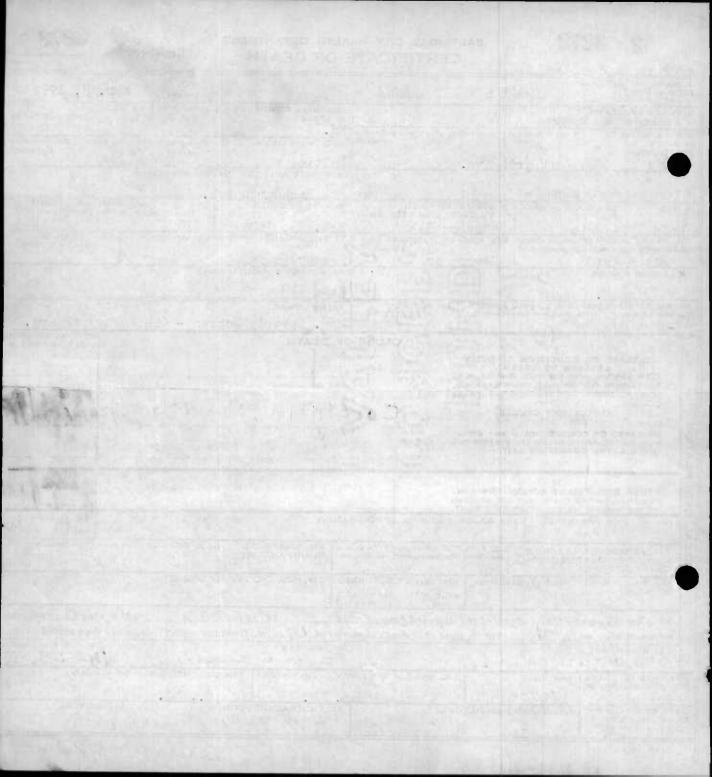
DATE RECEIVED BY

REGISTRAK'S SIGNATURE

VS 150



-650		
52 3272 BALTIMORE CITY HE CERTIFICATI	n .	52 3272 tered No.
1. NAME OF DECEASED (Type or Print) EDWARD STANLEY GREENE	2. DATE OF DEATH	Apr. 3, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased A. STATE B. COU	lived. If institution: residence NTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Control of the control of t	C. CITY OR TOWN (If outside corpor. Baltimore	ate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Days	6. STREET ADDRESS (If rural, give loca	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Divorced	6. DATE OF BIRTH 9. AGE (In last birth 78	years if Under 1 Year H Under 24 Hours day) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Editor (rtd) Newspaper	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
William B. Greene	Nanny Edwards	at Par
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mrs. Beverly Fearon - 64	ADDRESS Ly Parkwyrth Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (C)	Inutrition cinoma, Post-AMA	onset and death
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH		e City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		100
22. I hereby certify that I attended the deceased from deceased alive on April , 1972, and that death occur	23B. ADDRESS TO Shericlan are.	nd on the date stated above
24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR OD 4 1069 The state of the state o	PR. Balto. Md.	ADDRESS
VS 150	Batto	17 Md.

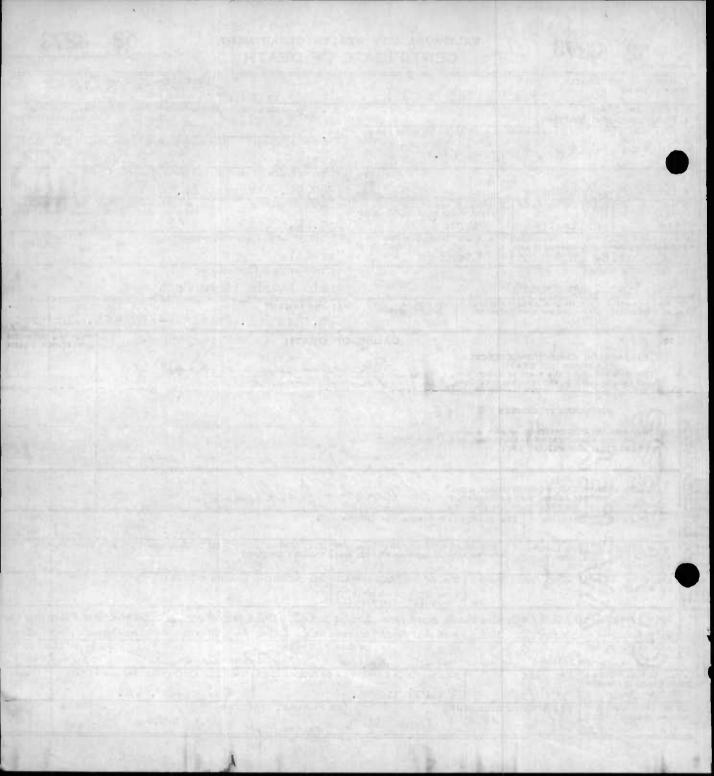


52 3273

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3273

_								
1. (T	NAME OF D ype or Print)		SHA CLA	Y PANNILL		2. DATE OF DEATH	4/3/52	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased live B. COUNT		esidence admission)
В.	FULL NAME		al or instituti	ion, give street address or				
10	STITUTION	3740 St. Mar	n an not	location)	C. CITY OR TOWN (If	outside corporate	limits, write RUR.	AL and give township)
)/40 00. Ha.	1 galeu	50.	Baltimore	10-	05	
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give locatio	n)	
c.	Length of s	tay in Baltimore		Days	3740 St. Margare			
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	rs I! Under I Year I) Months: Days F	f Under 24 Hours
m	ale	white	marr		Oct. 9. 1889	62		
10	A. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE	
wor		of worklog life, even if retired) ing Engineer	Ste	INDUSTRY	Virginia		WHAT	COUNTRY?
13	FATHER'S		1 000		14. MOTHER'S MAIDEN NA	AME		
	William	m Camp Pannil	7	MILL	Annie Laurie Rich			
1 =		ED EVER IN U. S. ARMET		I 16. SOCIAL		nar usun		
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS	56.
_	no				Mrs. FannieL. Par	nniii - 31		
	18. 15"	7X.		CAUSE	OF DEATH			L BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY			1 0		
	(This does	LEADING TO DEAT	TH of dying, e.g	Ca	remove at.	head of		
	heart fallu	re, asthenia, etc. It mea	ins the diseas	e, DUE TO	e,			
	223(42)			., 502.10				
		ANTECEDENT CAUS	SES					
ó		S OR CONDITIONS, I				• • • • • • • • • • • • • • • • • • • •	***************************************	***************************************
E	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO				
O				(C)	***************************************	***************************************		*****************
CERTIFICATION		ш	74					
RT		IGNIFICANT CONDI			land 0.			
CE		TO THE DEATH, BUT			Little			
1	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AL	TOPSY?
AI							YES _	NO
DICA		ENT WAS UNDER-		ACE OF INJURY (e. g., i		f in Baltimore C	lity, give exact lo	cation)
H	CAUSE OF	R CONTRIBUTING DEATH	about nome,	arm, factory, street, once Mog.,	INSUR! CCCOR!			
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
Ĭ	OF INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK				
						1. 3		
deceased alive on 4/2/, 1952, and that death occurred at 6 30 m., from the causes and on the								
	deceased a		tended the	and that death occu-			on the date sta	ted above.
		live on 4/2/	tended the	and that death occu-			on the date sta	
	deceased a	live on 4/2/ TURE	, 1952, Ruck	and that death occu	rred at 6 30 m., from to 238. ADDRESS 2 • 3 Patifica	he causes and	on the date sta	ted above. E SIGNED 5 2
2.	deceased a	live on 4/2/ TURE	, 1952, Ruck	and that death occur	erred at 130 m., from to 238. ADDRESS Cather CREMATORY 24D. L	he causes and OCATION (City,	on the date sta	ted above.
	deceased a. 23A. SIGNA 4A. BURIAL, ON, REMOVAL (S. Remova.	TURE CREMA- 24B. DATE Specify) 1 4/4/52	Ruk	and that death occur M. D. 24C. NAME OF CEMETE Fairview. Cem.	rred at 130 m., from to 238. ADDRESS CRY OR CREMATORY 24D. L.	he causes and	on the date sta 23c.DAT 4/4/ town, or county)	ted above. E SIGNED 5 2
D	deceased a. 23a. SIGNA 4a. BURIAL, on, REMOVAL (S ROMOVA. ATE RECEIVE	live on 4/2/ TURE CREMA- Specify 1 4/4/52 D BY REGISTRAR	Ruk	and that death occur M. D. 24C. NAME OF CEMETE Fairview. Cem.	rred at 130 m., from to 238. ADDRESS CRY OR CREMATORY 24D. L. Cu	he causes and OCATION (City, Ipepper, 1	on the date sta	ted above. E SIGNED 5 2
D	deceased a. 23A. SIGNA 4A. BURIAL, ON, REMOVAL (S. Remova.	live on 4/2/ TURE CREMA- Specify 1 4/4/52 D BY REGISTRAR	Ruk	and that death occur M. D. 24C. NAME OF CEMETE Fairview. Cem.	rred at 130 m., from to 238. ADDRESS CRY OR CREMATORY 24D. L. Cu	he causes and OCATION (City,	on the date sta 23c.DAT 4/4/ town, or county)	ted above. E SIGNED 5 2
D	deceased a. 23a. SIGNA 4a. BURIAL N. REMOVAL (S. ROMOVA. ATE RECEIVE DOCAL REGIST APR 4	live on 4/2/ TURE CREMA- Specify 1 4/4/52 D BY REGISTRAR	Ruk	and that death occur M. D. 24C. NAME OF CEMETE Fairview. Cem.	rred at 130 m., from to 238. ADDRESS CRY OR CREMATORY 24D. L. Cu	he causes and OCATION (City, Ipepper, 1	on the date sta 23c.DAT 4/4/ town, or county)	ted above. E SIGNED 5 2
D	deceased a. 23a. SIGNA 4a. BURIAL, on, REMOVAL (S REMOVA. ATE RECEIVE DCAL REGIST	live on 4/2/ TURE CREMA- Specify 1 4/4/52 D BY REGISTRAR	Ruk	and that death occur M. D. 24C. NAME OF CEMETE Fairview. Cem.	rred at 130 m., from to 238. ADDRESS CRY OR CREMATORY 24D. L. Cu	he causes and OCATION (City, Ipepper, 1	on the date sta 23c.DAT 4/4/ town, or county)	ted above. E SIGNED 5 2



25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

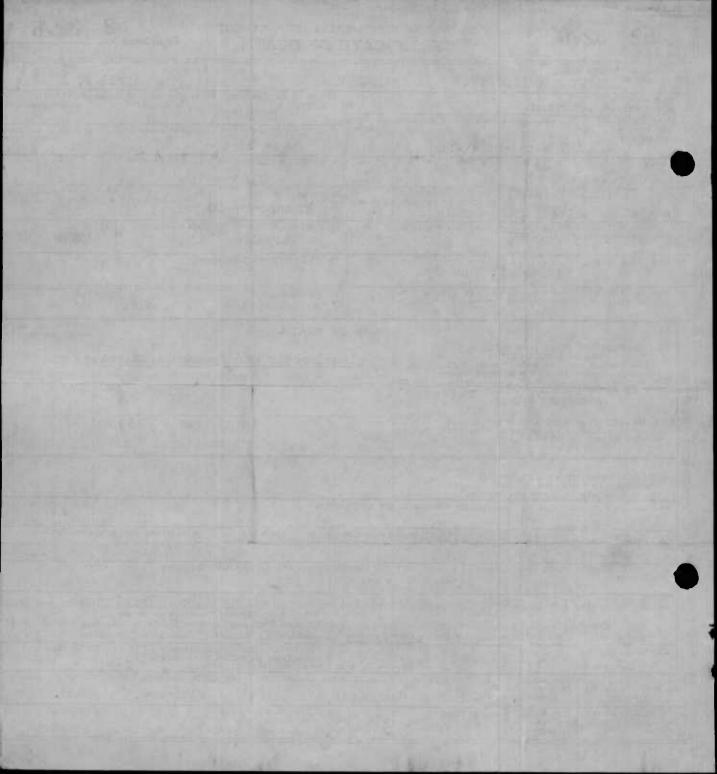
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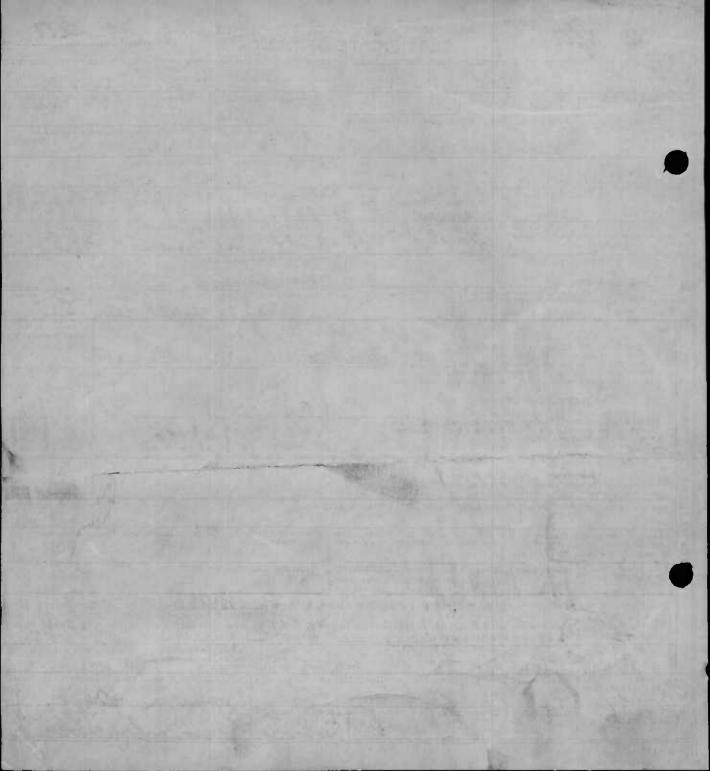
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3276

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF LORETTA KENNEDY April 2, 1952 MARY DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2407 Maryland Avenue Baltimore o. STREET ADDRESS (If rural, give location) Mos. 2407 Marvland c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH last birthday) Months: Days Hours Min. Not known over 60 Single female white 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF work done during most of working life, even if retired)
None INDUSTRY WHAT COUNTRY Maryland 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. Kennedy Mary M 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Miss Nannie Yoe 3921 Keswick Road 18. 422,1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO X YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquirythereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [], suicide [], homicide [], undetermined []. 23A. SIQNATURE 23B. CHIEF MEDICAL EXAMINER...... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 74B. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) Baltimore, Maryland. Apr 5, 1952 Cathedral Burial 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Calverd! V S 151



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В	52 IRTH NO.	3277	BAI			OF DEAT		Regist	52 ered No_	उद्धा	7
	NAME OF E							2. DATE		77	
			LBERT		HALL			OF DEATH	April		
	Baltimore	City, Maryland				4. USUAL RESIDI		here deceased I			esidence admission
В.	FULL NAME		tal or institut	tion, give street			ryland				
	OSPITAL OR		44	.4.2	location)	c. CITY OR TOWN		outside corpora	A A	ite RURA	L and give township
		Baltimore	e City	Morgue			timore		0-0	-7	
			1.1		Yrs. Mos.	o. STREET ADDRI					
	Length of s	stay in Baltimore	Jugo.	E, MARRIED.	Days	8, DATE OF BIRTH		arrow St		1 V / K	D-4-04 II
	Male	White	MIDOV	ved divorce		12/25/18	870	last birthd	ay) Months	Days H	ours Min
1 C	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	nation	al st	SS OR NOUSTRY	Bolt.	State or for	reign country)	12.	WHAT	OF
13	FATHER'S	NAME	7 7	with the same of t		14. MOTHER'S MA	IDEN NA	ME		7, 5	4
	Unk	moure				week.	ound				
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	ITY NO.	17. INFORMANT	0,000		ADDR	ESS.	07
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		ure, asthenia, etc. It mea									
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A	UNDERL	YING CONDITION LA	AST.	(C)	•••••			***********			
2											
		SIGNIFICANT COND									
ER		G TO THE OEATH, BUT DISEASE OR CONDITION						***************************************			***************************************
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EDIC	UNDERLYIN	NAL CAUSE WAS IG [] OR CONTRIB- CAUSE OF DEATH.		ACE OF INJUI				in Baltimore	City, give	exact loca	ition)
	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F, HOW DID	INJURY	OCCUR?	***		
			m.	WORK	AT WORK		1 *	0 T	•		
	22. I certi	fy that I took char	rge of the	remains de	scribed al	ove, held an In	Specti	on & Inc	uiry th	iereon a	ind from
	the ev	idence obtained by	said Auto	psy, Inspec	tion or In	iguiry, find that	said dec	eased died	on the de	ay state	ed abov
		eath in my opinion	resulted f	rom: natur	al causes						
	23A. SIGNA	illian Wood	Sec			238. CHIEF ME ASSISTANT ME	EDICAL E	XAMINER	K) A	ATE SIG	NED
24	A. BURIAL,	CREMA- 248. DATE	upo .	24c. NAME OF	M.I F CEMETER	Y OR CREMATORY					(State)
TIC	N REMOVAL (S	pecify)	4	4-00		4/-	01		to be	2 :	ST
D	TE RECEIVE	D BY REGISTRAR'	S SIGNATU	IRE,	mous	25. FUNERAL DIR	ECTOR	mount	AD	DRESS	A
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3278

BIRTH NO. . NAME OF DECEASED 2. DATE (Type or Print) OF 3,1952 Joseph E. Bright April DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 5953 Benton Hgts Ave. Yrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore Dove 5953 Benton Hgts Ave. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 5/ 22/1900 married white 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY mill wright Baltimore Md. 14. MOTHER'S MAIDEN NAME CHENCA William Bright Sophia Obersider 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, go or unknown) (If yes, give wer or dates of service) SECURITY NO. Anna E. Bright 5953 Benton Hgts Ave. W. W.] Yes 42011 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO E Lastier Meren OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISERSE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE . 195 that I last saw the 1949 to apri 22. I hereby certify that I attended the deceased from. deceased alive on Musch 23 195 and that death occurred at 2 4 m., from the causes and on the date stated above. 23c, DATE SIGNED 23A. SIGNATURE 238 ADDRESS runcem 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Baltimore Burial Baltimore National ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 1 25. FUNERAL DIRECTOR LOGAL BEGISTRAR VS 150

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ВІ	52 RTH NO.	3279			HEALTH DE	~	Registered	52	32'79
	NAME OF ype or Print)	DECEASED 705	5 PH	BER	BER		2. DATE OF DEATH	-3-1	52
	PLACE OF Baltimore	DEATH: City, Maryland	47601	wiley a	A. STATE	RESIDENCE (W	here deceased lived. B. COUNTY		on: residence pefore admission)
HC	FULL NAME SPITAL OR STITUTION	1. 1	oital'or institut	ion, give street addre	ess or c. CITY OR	JOWN (III)	outside corporate lin	nits, write l	RURAL and give
		M Car	nel i		Yrs. D. STREET	ADDRESS_UIT	aral, give location)	7	10.0
c.	Length of	stay in Baltimore			Nos. 226	40 //l	ronod	T	care_
5. M	sex	White		E, MARRIED. VED. DIVORCED (S	B. DATE OF	BIRTH	9. AGE (In years last birthday)	Il Under 1 Yes Months Da	Hours Min.
10 work	A. USUAL O	CCUPATION (Give kind at of working life, even if retire	of 10B. KIND	OF BUSINESS O		LACE (State or for	reign country)		TIZEN OF HAT COUNTRY?
13	FATHER'S	NAME		Pro	P. 14. MOTHER	R'S MAIDEN NA	ME		. Mr.
15 (Yes	. WAS DECEA	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY N	17) INFORM	IANT) Of		ADDRES:	to Po
	18. 15	21		CALL	SE OF DEATH	PULLEN	VIII - 220	INT	ERVAL BETWEEN
	10	SE OR CONDITION	DIRECTLY		,	0		ONS	SET AND DEATH
	(This do	LEADING TO DE	ATH of dying, e. s	. Car	ranome	k VI Sign	moid	2	1/2 years
	heart fai	lure, asthenia, etc. It m r complication which	eans the diseas	e,		0 /			
		ANTECEDENT CA	USES						
ZO	DISEAS	ES OR CONDITIONS	IF ANY, GIVIN	(B)	1.1-		•••••••••••••••••••••••••••••••••••••••	9	4000
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FIC				(c)glr	revalled	anumo			years
CERTIF	TRIBUTI	SIGNIFICANT CON NG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATE	D COUNT	litis of r	-tarin			
		OF OPERATION Y	198. MAJOR	FINDINGS OF	OPERATION :	with met	tastises	20	O. AUTOPSY?
V	Dec. 19	951 (Sina 1199)	Ino per	ACE OF INJURY	701	Colutan	in Baltimore City		et location)
EDI		DENT WAS UNDER OR CONTRIBUTING DEATH		farm, factory, street, office	bldg.,etc.) INJURY	OCCURT		, give exa	et location)
	10. TIME	(Month) (Day) (Yes			WHILE VORK	W DID INJURY	OCCUR?		
	22. I here	by certify that I c	ttended the	deceased from_	angual,	197, to W	pn 3 , 19	52 that	I last saw the
	deceased	alive on 4 - ?	1957/	and that death	occurred at		he causes and on		
	23A. SIGN	Coher Coher		n м. г	238. ADDRES	wow I	lace	14/1	HI1952
24 TK	N. REMOVAL	CREMA- 24B. DATE	_	24C. NAME OF CE	METERY OR CREMA	ATORY 24D. LO	CATION (City, to	vn, or coun	ty) (State)
1	uria	2 4-4	-12	None	-dale		Date	1	ned
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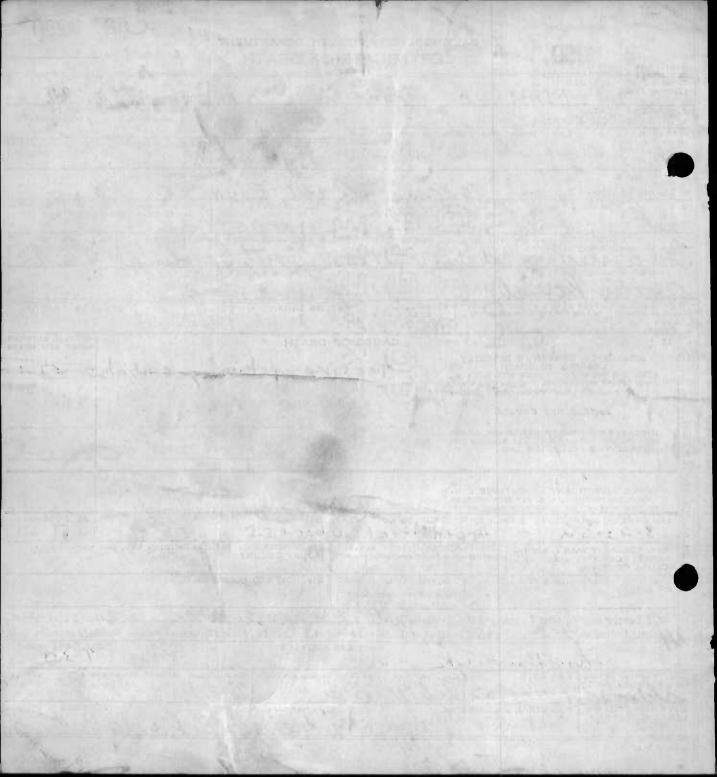
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correct age is especially important. Physicians: please write the causes of heart creaty entre-

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.
C)	

ВІ	RTH NO.	04,00	CER	RIFICAT	E OF DEATH	- 232	registered i	10.
1.	NAME OF D	ECEASED				2.	DATE	
(T	ype or Print)	Plum	Meh	Parr	1sh		PEATH APR	2 - 1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where	deceased lived, If B. COUNTY	institution: residence before admission)
_	FULL NAME		al or institution, give	e street address or	11 / 1			,
H	STITUTION	JOHNS HOPKIN	IS HOSPITAL	location	C. CITY OR TOWN	(If outsi	le corporate limit	s, write RURAL and give township)
	3	20/11/0 //01/10/			BAKIN	yore,	7-0	
				Yrs. Mos.	D. STREET ADDRES	SS (If rufal,	give location)	
-		tay in Baltimore	20 7	Days	11.0	deN	ST.	
5.	SEX	6. COLOR OR RACE		RIED. VORGED (Specify	8. DATE OF BIRTH			Under I Year If Under 24 Hours onths Days Hours Min.
1	nale	colored	marre	ed	2-14-0	0 5	2	0 0 0 0
		CUPATION (Give kind of of working life, even if retired)	108. KIND OF BU	USINESS OR	11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
0	Tel Ela	rker	Orthe Cherry	Steel Co.	16ou	L Gar	Mua	U.S. a.
13	FATHER'S	NAME /	1	MILL	14. MOTHER'S MAI	DEN NAME		
7	excle	o rarris	a		Janne	King	2	
	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or dates		OCIAL ECURITY NO.	7. INFORMANT	0		DDRESS
` '	20.		0.44	07-8076	JOHNS H	OPKINS H	OSPITAL	
	18. 55	0.1		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		44				
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		re, asthenia, etc. It mean complication which e		UE TO		/		
		ANTECEDENT CAUS	FC					
z		ARTEOEDERT GAGO		(8)	***************************************		••••	
0		S OR CONDITIONS, IF		UE TO				
AT		YING CONDITION LA		(C)				
ERTIFICATION				(0)				
E	OTHER	II SIGNIFICANT CONDI	TIONS CON-		A CONTRACTOR			
	TRIBUTING	TO THE DEATH, BUT	NOT RELATED					7
O		F OPERATION	98. MAJOR FIND		RATION			20. AUTOPSY?
CAL	3-2	3-52	Appeno	liceal	22020db			YES NO
DIC	21A. ACCIE	ENT WAS UNDER-	218. PLACE OF				Baltimore City,	give exact location)
H	CAUSE OF	R CONTRIBUTING DEATH	about home, farm, facto	ory, street, omce bidg.	INSORT OCCUP	X I		
		(Month) (Day) (Year)	(Hour) 21E. IN	JURY OCCURE	ED 21F. HOW DID	INJURY OC	CUR?	
	OF INJURY		m. WHILE AT	NOT WHILE				
	22 / / 2001			2	23, 1957	5 + 4 - 8	2- 195	Lthat I last saw the
		y certify that I att live on $4-2-$	1952 and th					he date stated above.
	23A. SIGNA		, 15 Da and th		23B. ADDRESS	ji one olee ee	tuoca arta oro c	236. DATE SIGNED
	q	V m	rough	м. р.	JOHNS HOP	KINS HOS	FITAL	4-3-5
		OREMA- 248. DATE		The second secon	ERY OR CREMATORY	249. LOCA	TION (City, town	
TI	ON PEROVALA	specify 4-H-1	952 1101	Sens 4	BARR	Vaual	ens i	26.
D.	ATE RE E VE	D BY REGISTRAR	S SIGNATURE		25 FUNERAL DIRE	ECTOR		ADDRESS
L	ADD A	RAR Huntin	ctor Weblia	MANAGE	Kare dolor &	Cas Oli	61421	6 Hoston St.
=	APR 4	1337	- Tuna	1000	Walle Act of	W WORK	A. 171AL	THE DESCRIPTION OF THE PARTY OF
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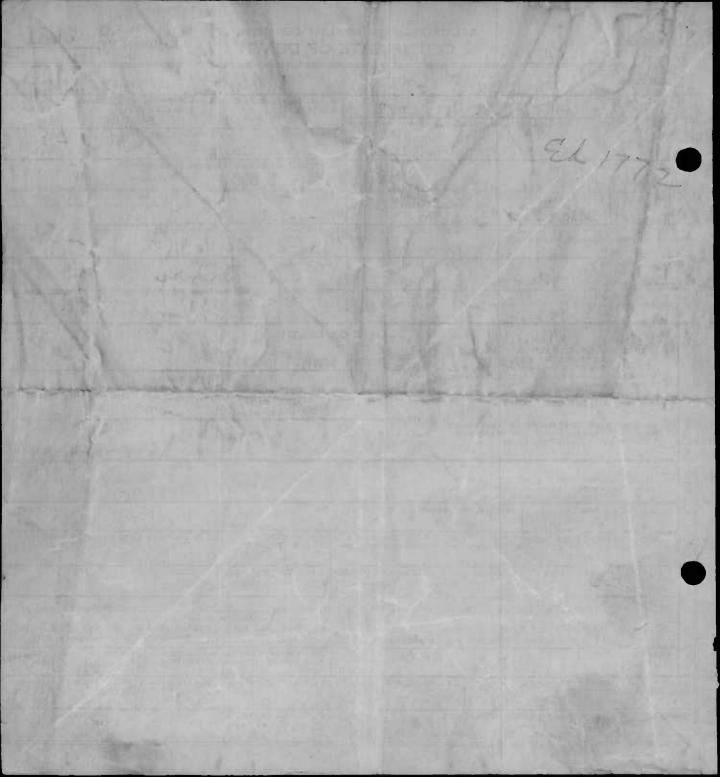


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 3281

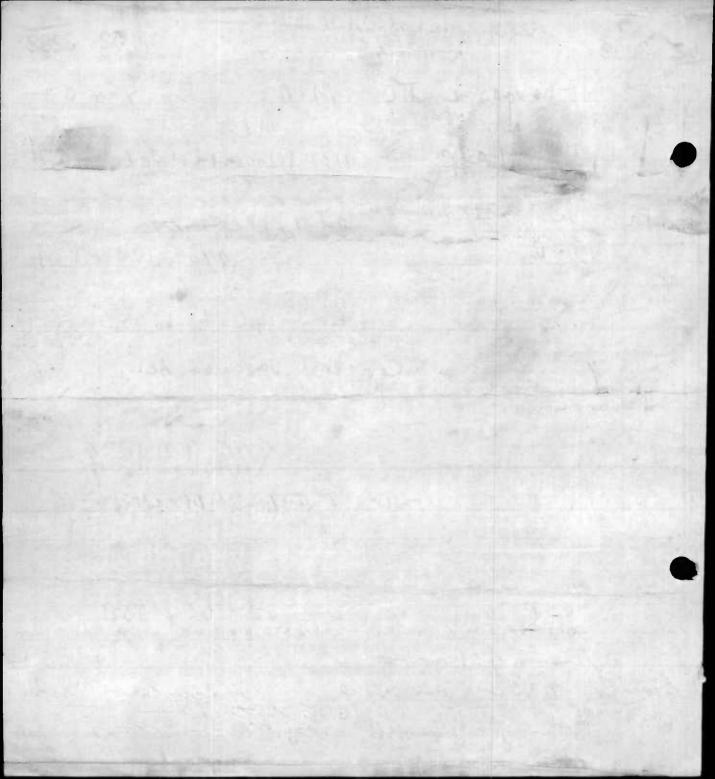
BI	RTH NO.						
	NAME OF DECEASED upe or Print)	000 1717	* 250	77.0	2. DATE OF	11 2 1052	
3	PLACE OF DEATH:	ORRAINE	J BROO)KS 4. USUAL RESIDENCE (\	Where dcceased lived, I	il 2, 1752 f institution: residence	
Α.	Baltimore City, Maryland Ba		ity	A. STATE	B. COUNTY	before admission	
HO	SPITAL OR	tal or instituti	ion, give street address or location)		f outside corporate lim	its, with RURAL and giv	
IN	Maryland	Genera	l Hospital	Baltimore	e 61	township	
D		aciioi u.	Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Length of stay in Baltimore	Life	Mos. Days	1359Car	roll Street		
	SEX 6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Ionths: Days Hours Min.	
	Male Colored	Mari	4 3	lug-5-1911	40	lonens Days Hours Min	
	A. USUAL OCCUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
ork	done during most of working life, even if retired)	Son 4	shorman	arrendel	Co. M.D.	U.S.	
13	FATHER'S NAME		2	14. MOTHER'S MAIDEN N	IAME		
	Lawson Bro	مار		delle 2	routo		
	. WAS DECEASED EVER IN U. S. ARME , no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	10 5	ADDRESS	
1 06	tr yes, give war or date	31 201 1100)	SECORITI NO.	Ingenia	Brooks	were	
	18. 583.0 , CAUSE OF DEATH						
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEA (This does not mean the mode	TH	Acute	e toxic hepatitis			
	heart failure, asthenia, etc. It med injury or complication which	ans the diseas	e.	8	.5000005050505000000000000000000000000	***************************************	
			.) DOE 10				
	ANTECEDENT CAUSES (B)						
Z	DISEASES OR CONDITIONS.		1G				
Ĕ	UNDERLYING CONDITION L	AST,				THE REAL PROPERTY.	
S		W	(C)				
E	OTHER SIGNIFICANT COND	ITIONS COL	N.				
E.	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	EO				
CE			FINDINGS OF OPER	RATION		20. AUTOPSY?	
1	S. L. S. C. L. S. C.	The second	THE RESERVE			YES X NO	
DICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR7		
1	OF INJURY	m.	WHILE AT NOT WHILE				
	22. I certify that I took cha	rae of the		above, held an Au	topsy	thereon and from	
				Autopsy.	Inspection or Inquir	7	
	and death in my opinion	resulted t	opsy, inspection or from: natural cause	Inquiry, find that said a a a , accident a , suicide	\Box , homicide \Box .	undetermined .	
	23A. FIGNATURE	1		23B. CHIEF MEDICAL	EXAMINER	3c. DATE SIGNED	
	William Volor	188		ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGATION	TOR	April 2, 1952	
24	N. REMOVAL (Specify)	10,00	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)	
110	Bural aprile	54/82	mt Ca	lvery	17-17 Ca),	
DA	TE RECEIVED BY REGISTRAR	'S SIGNATU	JRE	25. FUNERAL DIRECTOR		∀ADDRESS	
Al	DR 4 1932 H	tingtons	- Wallistran At	R TO D WW	son		
	1	1 7/2					



CERTIFICATE OF DEATH

Registered No. 3282

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	Itu	m·n	2. DATE OF DEATH	4-4-52
a. Baltimore City, Maryland	1/	4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospital or institution, give st	reet address or	Md.	B. COUNT	before admission)
HOSPITAL OR TITUTION	location)	c. CITY OR TOWN (I	f outside corporate l	limits was RURAL and give tow ship)
Luin. Hosp		1200 1100m	ing da	1e 14d
	Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE	Days			
m WIDOWED DIVO	RCED (Specify)	0 4 31 , 1975	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working a fe, even in elired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		_ L h 9	land	usa
13. FATHER'S NAME William Cutty		14. MOTHER'S MAIDEN N	AME	
		Rebecca Fisher		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give wer or dates of service) SECU	IAL URITY NO.	17. INFORMANT		ADDRESSBalto28.
Yes W.W. #1	111111	Florence Cutty L	angford, 2	03 Frederick Rd.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	Cere	Falestinal	lan Acc	
194. DATE OF OPERATION 198. MAJOR FINDING	S OF OPER		pr cor	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, significantly along the property of	JURY (e. g., in treet, office bldg., et	or 21c. WHERE DID (I	if in Baltimore Cit	ty, give exact location)
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	NOT WHILE	D 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that Lattended the deceased	from 4 -	- L 185 to	U- 4 10	954-that I last saw the
		red atbid om., from t		
23A. SIGNATURE		BB. ADDRESS	no caused and of	23c. DATE SIGNED
Mervin J. Kom	MVD.			4-452
24A. BURIAL. GREMA- TION, EMOVAL (Supply) 1101, 1200 24C. NAME 24C. NAME) Vie	2 1/	OCATION (City, to	own, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAPTE TRANSPORTED WILLIAM	us since	25. FUNERAL DIRECTOR	of Same	ADDRESS
VS ISO		THOU SEE	V - / - /	

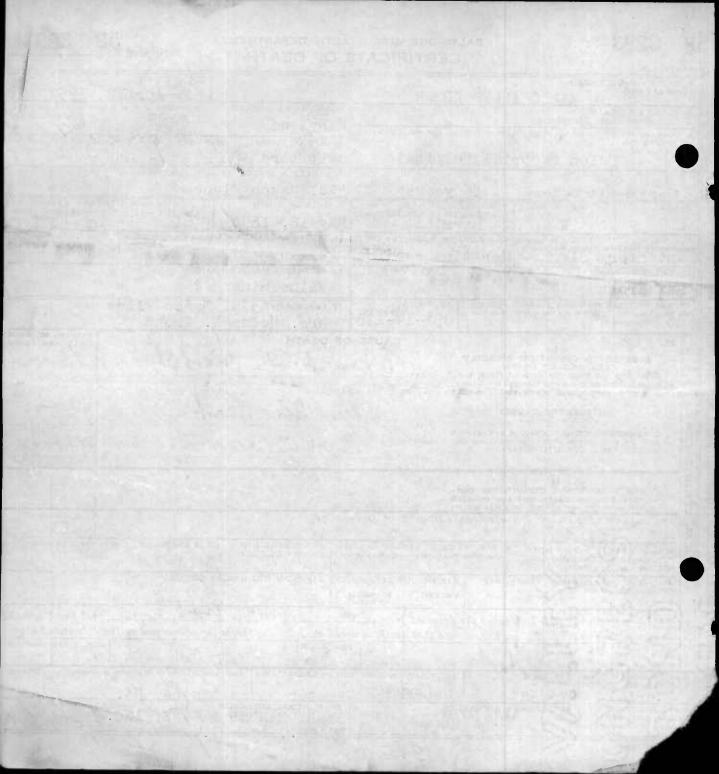


o age is especially important. Physicians: please write the callses of death civility and services

CERTIFICATE OF DEATH

Registered No. 3283

BIR	TH NO.			CLICITI TOATI	OI BLATTI		
1. 1	NAME OF D	ECEASED				2. DATE	
(Ty	pe or Print)	MAX CHA	RLES I	KROHN	LINE SHOW	DEATHADTIL	2, 1952
A. I		EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
	ULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)		outside corporate limits	wrice RUMAL and give
0	TITUTION	Union Memor	ial Ho	ospital	Baltimore	4.1-	5 U township)
17	1			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. I	Length of s	tay in Baltimore	56	years Mos.	5701 Nasco Pla		
5. s	EX	6. COLOR OR RACE	WIDOW	MARRIED. ED. DIVORCED (Specify)	May 18, 1890	9. AGE (In years last birthday) Mo	onder 1 Year II Under 24 Hours nths Days Hours Min.
	. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
work	nvento:	of working life, even if retired) ry clerk	Marit:	INDUSTRY	Germany		USA WHAT COUNTRY?
13.	FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME	
M	ax Krol	hn			Wilhelmina	?	
15. (Yan	WAS DECEASE no or unknown)	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT 5701	Nasco Plac	PORESS
'n		(11 300, 8110 Wat Of daw	a 01 sc1 1200y	091-14-1386	Mrs. Melba K	. Krohn	
	18. 47	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	70	SE OR CONDITION	DIRECTLY	all	· 11 d' No	- Inline	· W/per A
		LEADING TO DEA	TH	. a arks	wslent ve	or virco	21 1 102262 -
	heart failu	re, asthenia, etc. It mea	ins the diseas	e,	A		
	injury or	complication which		, DUE 10	u: d.	1	Una
		ANTECEDENT CAUS	SES	140	lunater Alo	A	2
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD ORDAN (B)						
ATI	UNDERLY	THE ABOVE CAUSE (A)	STATING TH		erjeno (kler	Mes	7200
-				(C)			
느		- 11					and the same of th
ERTI		SIGNIFICANT COND TO THE DEATH, BUT					
Ü.	TO THE D	ISEASE DR CONDITION	CAUSING I	т	PATION		20. AUTOPSY?
긕	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	NATION		YES NO
U -	214 ACCIP	ENT WAS UNDER	218. PL/	ACE OF INJURY (e. g.,		If in Baltimore City,	
ō	LYING O	DENT WAS UNDER- R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,			
	21D. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE		.0	
1	00 T 7 . 1			211	ay 1949 to	19m 2, 195	that I last saw the
deceased alive on 1917, and that death occurred at m., from the causes and on the date states							
-	234 SIGNA		<u>, 15,</u>		23B. ADDRESS	0	23C, DATE SIGNED
	WS	maler	ton	м. р.	20 2. 1991	an 81-	4/3/52
24	A. BURIAL, N. REMOVAL (S	CREMA- 248. DATE		24C. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
110	buria	a 11. 1 1 1 1 m		BALTIMORE (imore. Md.	
	TE RECEIVE	D BY REGISTRAR	S SIGNATI		25. FUNERAL DIRECTOR	4	ADDRESS
-0	DD A 1	052 Hunting	ton elle	hays, No	HENRY SANDER &	E SONE, INC	J. Dreedel
	3 150	J. J	-	06/20	During 15, W	1	1



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY belefe admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write LURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore orlugal Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX AGE (In years | If Under 24 Hours last bigthday) Months: Bays Hours: Min. IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Office work 13. FATHER'S NAME SNS 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ALMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO.

	18. 00 2%	CAUSE OF DEATH	ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Fulminating Juluculosis oue to far advanced, pulmonary	6 months
	ANTECEDENT CAUSES		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
Ö		(C)	
RTIF	OTHER SIGNIFICANT CONDITIONS CON-		

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

20. AUTOPSY7 YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE! WORK AT WORK

22. I hereby certify that, I attended the deceased from

deceased alive on 4/3 195 and that death occurred at

24B. DATE

23A. SIGNATURE 23B. ADDRESS rand

mar

24c. NAME OF CEMETERY OR CREMATORY

240

1952 to

OCATION (City, town, or county)

m. from the causes and on the date stated above.

. 19 that I last saw the

23c. DATE SIGNED

(State)

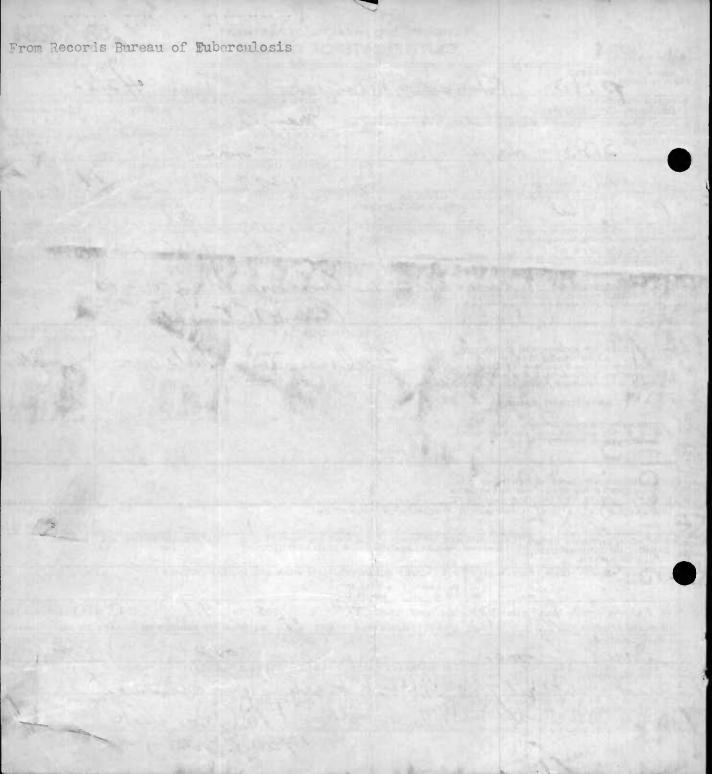
DATE RECEIVED BY DATE RECEIVED REGISTRAR'S UNERAL DIRECTOR ADDRESS

VS 150

24A. BURIAL, CREMA-

Ü

EDICAL

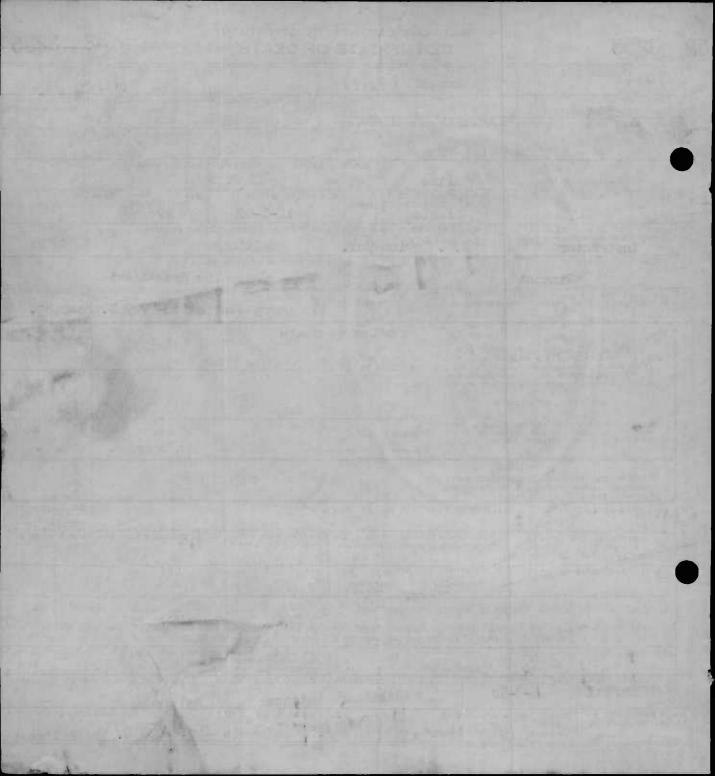


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 3285

В	IRTH NO.				
	NAME OF DECEASED (Spe or Print) THOMAS Sazada (SA	ZATA		2. DATE OF DEATH Apr	il 3, 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE ()	B. COUNTY	institution: residence before admission)
	FULL NAME OF ('f not in hospital or institution, give street ad		Maryland	Acre	
	ISTITUTION	ocation)			ts, write RURAL and give township)
	Baltimore City Morgue		Baltimor	e /	townsmp)
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of stay in Baltimore life	Mos. Days	622 S. E	Bond Street	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	Male White Single	(Specify)	12-1-02	last birthday) Mo	onths Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	OR	11. BIRTHPLACE (State or fo		1 12. CITIZEN OF
WOT	k done during most of working life even if ratired)	LICTRY			WHAT COUNTRY?
	Instructor U.S. "arine	Cor	Baltimor		U SA
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Vincent		Josephi	ne Rychwalski	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	-	17. INFORMANT	Δ	DDRESS
(16	e, no or unknown) (If yes, give war or dates of service) SECURITY	NO.	Mrs Harry Jank:	lewicz- 709 S	Rose St.
	18. 5 81.0 CA	USE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Cirrh	nosis of the live	r	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
					10000
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************	*****************************	***************************************
0	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST:				
A	(C)		***************************************	***************************************	
RTIFICATION	11				
T	OTHER SIGNIFICANT CONDITIONS CON-				
ER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERA	TION		20. AUTOPSY?
J					YES X NO
AL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY	(e. g., in	or 21c. WHERE DID ()	f in Baltimore City, s	
2	UNDERLYING OR CONTRIB. about home, farm, factory, street, off		c.) INJURY OCCUR?		, , , , , , , , , , , , , , , , , , , ,
H	UTING CAUSE OF DEATH	- Andrews or			
	OF INJURY OF INJURY OF INJURY OF INJURY		D 21F. HOW DID INJURY	OCCUR?	
	WHILE AT NO	T WHILE			
	22. I certify that I took charge of the remains descr	ihed at	hove held an Auto	psv	_ thereon and from
			Autopsy,	Inspection or Inquiry	
	the evidence obtained by said Autopsy, Inspectio	n or In	iquiry, find that said de	ceased died on th	e day stated above,
	and death in my opinion resulted from: natural	causes			
	23A. SIGNATURE RSKrisher		ASSISTANT MEDICAL		c. DATE SIGNED
-		M.I	D. MEDICAL INVESTIGAT	OR	April 4, 1952
	N REMOGRACIEVI 1 O Ma			OCATION (City, town,	or county) (State)
	Bar.	timor	e National	Baltimore	
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS
LC	OCAL REGISTRAR Turtington Williams	A. J. L	illy & Zeiler	Inc. 403 S.	W-16- 01
4	R 4. 1952	14	3 3 5 5 5	40) 3,	Wolfe Street
1 4	5. 151 0 93	91			1
	- 12	11			

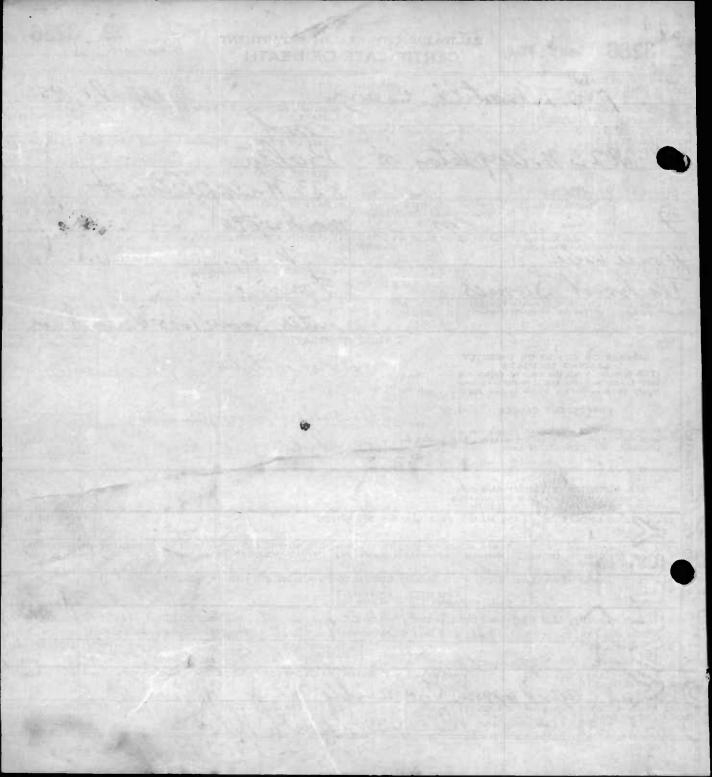


600 2 3286 BIRTH NO.

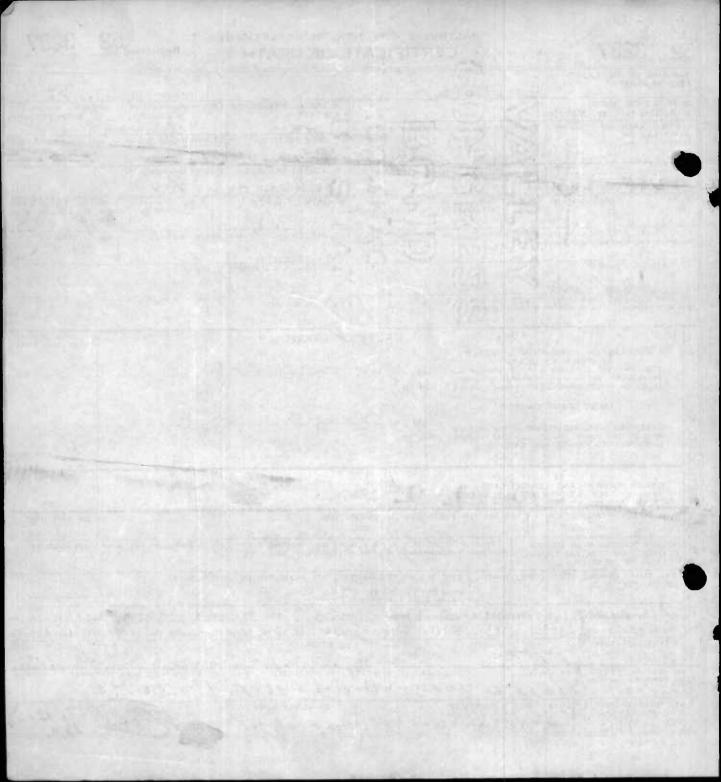
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52363286 Registered No.

1. (T	NAME OF Di	ECEASED	ratli	Can	~	2. DATE OF DEATH	il 1.1952
	PLACE OF DE	EATH: City, Maryland			4. USUAL RESIDENCE		If institution; residence before admission)
В.	FULL NAME		al or institution, give	street address or location)	mo	/76 12-	Alk
IN	UTION	773 71 1	John Cota	- 4	12 OR TOWN	(11 outside corporate in	township)
	0	1211.0	17 person	Yrs.	D. STREET ADDRESS	(If rural, give location)	1
-		tay in Baltimore		Mos. Days	823 M.a	ppleton	A
5.	7	6. COLOR OR RACE		RIED, /ORCED (Specify)	March 22/89	9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Months Days Hours Min.
	done during most o	CUPATION (Give kind of working life ven if rotired)		INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
73	FATHER'S D	hope			14. MOTHER'S MAIDER	N NAME	10.5.A.
	Rich	and Ja	mes		Fannie	7	
15 (Ya	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARME (If yes, give war or date		OCIAL ECURITY NO.	17 INFORMANT		ADDRESS (
					Custis San	nes 1605 Va	The same of the sa
	18. 260			CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA not mean the mode		7	Myocarda	1)	ludhow
	heart failu	re, asthenia, etc. It mes complication which	ins the discase,	JE TO	1		
		ANTECEDENT CAUS	SES	anton	nsdame 1	harita	unglann
NO		OR CONDITIONS,		(B)	. , , , , , , , , , , , , , , , , , , ,	Hunanson	
ATI	UNDERLY	TING CONDITION LA	AST.	IE TO	'alutes me	elation	uyun
FIC				(0)			
RT		IGNIFICANT COND					
CE	TO THE DI	TO THE DEATH, BUT	CAUSING IT				
AL	19a. DATE O	F OPERATION	198. MAJOR FINDI	NGS OF OPER	ATION		20. AUTOPSY?
DIC	LYING OF	ENT WAS UNDER	218. PLACE OF	INJURY (e.g., in pry, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City	, give exact location)
	CAUSE OF	(Month) (Day) (Year	(Hour) 21E. IN	JURY OCCURR	ED 21F. HOW DID INJ	JURY OCCUR?	
	OF INJURY		m. WHILE AT	NOT WHILE			
	22. I hereb	y certify that I at	tended the deceas	sed from 4		4-1-,19	12, that I last saw the
	deceased al	live on 4-1-	_, 19 52, and th	at death occur		m the causes and on	the date stated above.
	23A. SIGNAT	IV. A.Sa.	under	м. р.	3B. ADDRESS	riciler St	23c. DATE SIGNED
2	AA. BURIAL. C	CREMA- 24B. DATE			RY OR CREMATORY 24	D. LOCATION (City, tow	vn, or county) (State)
-	Buria	april	61954/	remvis	lle n. c.	n. e.	
	ATE RECEIVE		SIGNATURE		29 FUNERAL DIRECT	OR /	ADDRESS
-	ADR 4	1952 110000	gran Villes	UUA-IND	Busty /	Jour -	
1	VS 150	Design Transfer			13	03 Presse	manst



1560	FALTH DEDARTMENT	2005
52 - 07976 CERTIFICATI	116	3287
1. NAME OF DECEASED (Type or Print) Conner, Baby Boy	2. DATE OF DEATH ADRIL	3. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland Fullerton	Part
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, v	write RURAL and give township)
St. Joseph's Hospital Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Life Mos. Days	Schroeder Ava	5300
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Single		the 1 Year If Under 24 Hours has Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY
None	Baltimore	WIAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	las a and
Woodrow Conner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Reba Odessie Collins	
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	matyrity	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, ferm, fectory, street, office bidg., c		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m, WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from Ap. deceased alive on April 3, 1952, and that death occur	ril 3 , 1952 to April 3 , 1952, to	that I last saw the
231.SIGNATURE 2		23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	11:00 N. Caroline Street A	nril 3, 152 county) (State)
Burial 4/5-/5-2 Lassahn Bu	rial Plat Balto. Co. M.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE APR 4 1952	25. FUNERAL DIRECTOR	HYOI Bek
VS 150	3 7 0 9	



causes

LOCAL REGISTRAR

VS 150

The Bureau of Tuberculosis, B. C. H. D.

has in file correspondence M's Carolyn B. Marsh, R. N.

Division of Tuberculosis Control

Department of Health,

Richmond, 19, Virginia

which purports that the deceased was resident of White Marsh, Virginia visiting at 2556 Mace Street, Baltimore. Arrangement was made for her admittance at Piedmont Sanatoium, Burkeville, Virginia, but in the meantime she died.

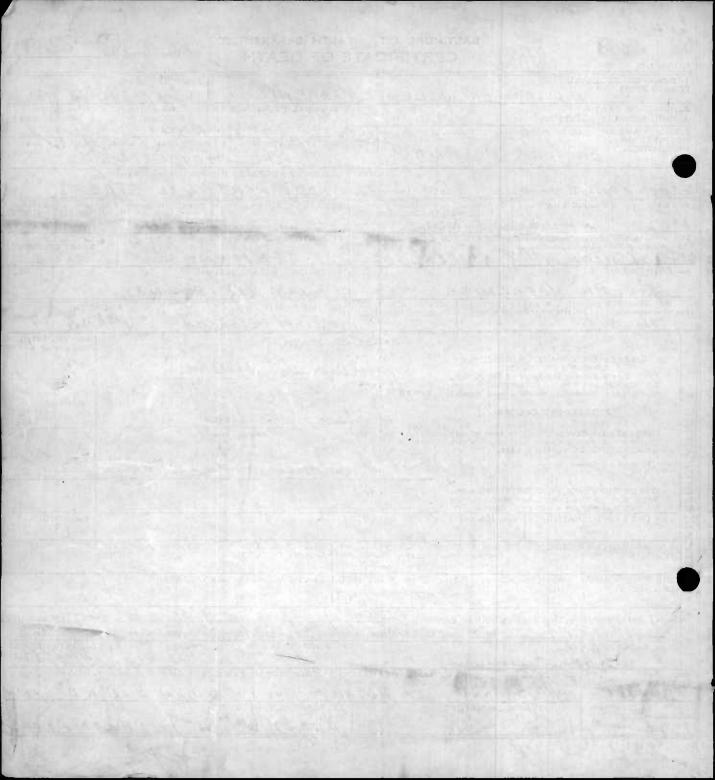
4/8/52 ES

6	2	5	
52		32	89

BALTIMORE CITY HEALTH DEPARTMENT

	52	3289
egistered	No.	02,03

В	IRTH NO.			CERTIF	ICATI	OF DEATH		Megastere	4 110	
	NAME OF D	ECEASED .						2. DATE		
	'ype or Print)	WILLIA	MOR	WALEN	UTY 1	CARASINS	Ki	DEATH AP	RIL	2 1952
	PLACE OF D Baltimore (4. USUAL RESIDE			d. If institu	tion : residence before admission)
В.	FULL NAME		ital or institut	ion, give street			RYL	AND.		-71
	OSPITAL OR	T		O Tak	location)	C. CITY OR TOWN	(If	outside corporate l	imits, wri	I URAL and give
	3/2	DOCTORS	NOS	17/146		RAL	TIM	ORE	6	township)
				-	Yrs.	D. STREET ADDRE)	
C.	Length of s	tay in Baltimore		60YRS	Mos. Days	1720 PC	ARTI	ILGAL S	TRE	FT.
100	SEX	6. COLOR OR RACE		E. MARRIED.	Days	8. DATE OF BIRTH				Year If Under 24 Hours Days Hours Min.
A	1ALE	WILLIE	WIDOV	VED, DIVORCE	D (Specify)		MARKET !	last birthday)	Months I	Days Hours Min.
		CUPATION (Give kinds		NGLE OF BUSINES	SC OR	11. BIRTHPLACE (S	State on for	70	110.0	
WOL	done during most	of working life, even if retired	d)		DUSTRY					ITIZEN OF 'HAT COUNTRY?
		SIERSCHUTTE	A NEU	BERG (6ER				U.S.A.
13	FATHER'S	NAME		0 75 10	We)	14. MOTHER'S MA	IDEN NA	ME		
	JOSE	PH KARI	4 SINS	KI		MARY 1	CANI	ECZNX		
15	. WAS DECEASE	ED EVER IN U. S. ARMI	ED FORCES?	16. SOCIAL		17. INFORMANT			ADDRES	SS
(xe	IVO	(If yes, give war or da	tes of service)	SECURI	TY NO.	WILLIAM PE	= == 0			INST
-		- 1/					IE NO	1014 3 1		TERVAL BETWEEN
	18. 44:	3 ×		C	AUSE	OF DEATH				NSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY		1) .0	44	seele			
	(This does	LEADING TO DE	of dying, e.	g., (A)!	Jul	moray i	acce	ww		*************************
	injury or	re, asthenia, etc. It me complication which	caused death	e, n.) DUE TO		/				
		ANTEGEDENIE GAL			1	/ }	1			
z	100	ANTECEDENT CAL	JSES	(8)	/ sur!	ue ou	eline	1		
O		S OR CONDITIONS.						***************************************		***************************************
A		THE ABOVE CAUSE (A		HE DUE TO	11	~	1	1. /		^
0					4-11	· land	(ma)	lin In.	11/2	1)
上	100	11		(C)	1 COX VI	y minus	Corre	us par	mus (MOSLO
œ		SIGNIFICANT CON			00					
UH		S TO THE DEATH, BU						***************************************		•. •. •
	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS C	OF OPER	ATION		I to all the state of	2	O. AUTOPSY?
N A		_ 0							,	ES NO
EDIC	21A. ACCIDE	ENT. SUICIDE, (Specify)		ACE OF INJUR				in Baltimore Ci	ty, give ex	act location)
III.	HOMICIDE	(specify)	about nome,	arm, actory, street,	omce bidg.,e	(c.) INJURY OCCU	-			
	21p. TIME	(Month) (Day) (Yea:	r) (Hour)	21E. INJURY	OCCURRE	D 21F, HOW DID	INJURY	OCCUR?		
	OF INJURY			WHILE AT	NOT WHILE					
			m.	WORK L	AT WORK L	11/	13/	13/	1/2/	
	22. I hereb	y certify that I as	ttended the	deceased fro	m 7	// /019 ×	, to	7/2,1	9, that	t I last saw the
	deceased al	live on 4/V		and that dea	th occur	red at 5 = Hm.,	from th	ie causes and o	n the dat	e stated above.
	23A, SIGNAT	TURE	0)	2	3B. ADDRESS	1	7-		DATE SIGNED
	MI	Sud - lu	mul	e	M. D.	0 111	Lan	ves au	7	14/12
24 TI	AA. BURIAL, CON, REMOVAL (S	DECITY 24B. DATE		24c. NAME of	CEMETE	RY OR CREMATORY	24D. LC	CATION (City, to	own, or cod	nty) (State)
	BURIA	C APRIL 7	1952	HOLY	ROSA	RY CEM	6EI	RMAN HI	'LL R	O MD.
D	ATE RECEIVE	D BY REGISTRAF	S'S SIGNATI	JRE		25. FUNERAL DIR	-		ADD	RESS
I I	CAL REGIST	RAR H	+ 11	Pake	4 100	10 00 1000	Dr.	1000	EIN.	MOARA
1	FK 4 19	36 Theretare	glown by	-acad	12	(Mapal	N. M.	1800	201	7 GARUSI
	VS 150				1	13	100			
11					690	67				
					-					



T16	
517 BALTIMORE CITY H	EALTH DEPARTMENT
	E OF DEATH Registered No.
1. NAME OF DECEASED 1 + 1 7	2. DATE
110ber h ham	PINI DEATH APPLICATION
3. PLACE OF DEATH: A. Baltimore City, Maryland 3. 1-0.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION 210 S Chestab St	Bolton township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore L. He Mos. Days	210 S CHESTER ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year I Under 24 Hours Min.
Male White Married	Dec 20 1912 39
10A. USUAL OCCUPATION (Give kind of OB) IOB. KIND OF BUSINESS OR work do Quiring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Printing Balto. Coth	Balto. U.S.A
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME
Nicholas Zampini	Catherine Anderson
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 212-09-046	D Anna S. Zambini 2105. Charles
18. / 53 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
	inous of the colon with meta 4 months
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	· · · · · · · · · · · · · · · · · · ·
ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A ONDERETING CONDITION EAST.	<u> </u>
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mone
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
U 21A ACCIDENT WAS UNDER 21B, PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Lov lo

deceased alive on hand 31, 1952, and that death occurred at 10

1951, to april 1 , 191 7 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

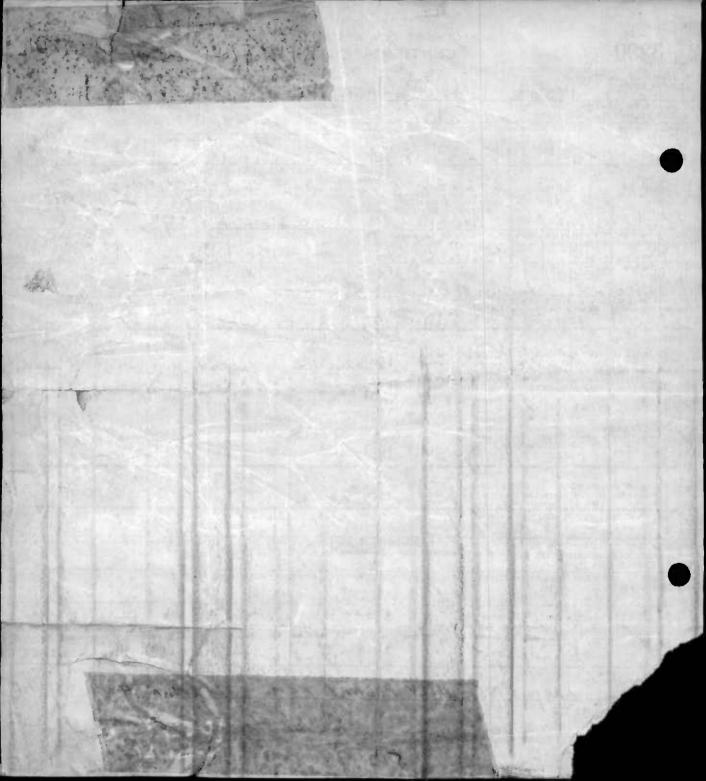
23A. SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

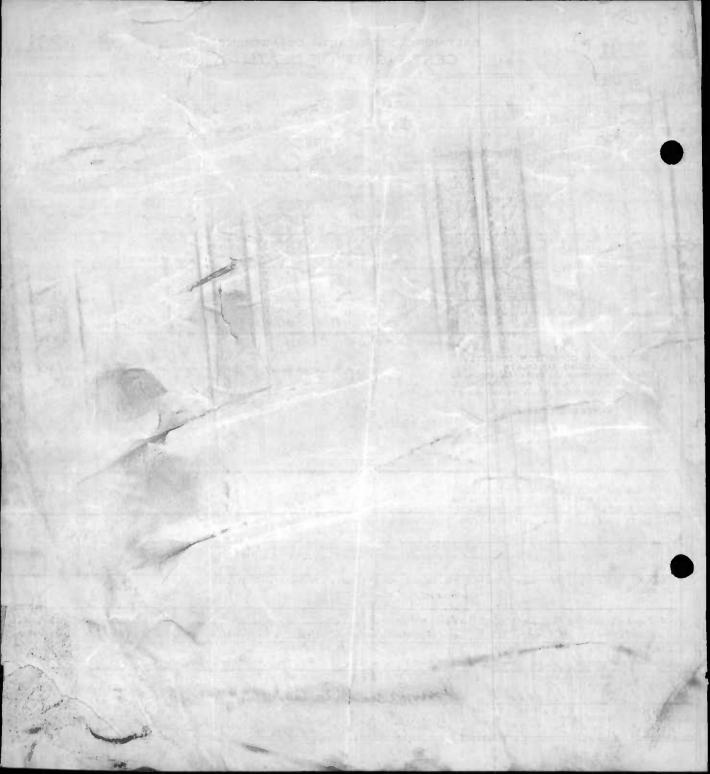
URIAL, CREMA-OVAL (Specify)

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT

0	2 328	31		CERTIFICATI	E OF DEATH	Registered	No. OCOL
	IRTH NO.					14	
	NAME OF D 'ype or Print)	LOUISH AR.	nstro	NG		2. DATE OF DEATH	13/52
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived! I B. COUNTY	f institution; residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		0 4 11	1
in	TUTION	mercy,	HOSPI		C. CITY OF TOWN (I		its, write RURAL and give
c.	Length of s	tay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRESS (III		21
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or 1	(oreign country)	12. CITIZEN OF
]	EXECUT		MENTA	2 MYGIENE	IVID	33	033
13	FATHER'S	1	RONG	5 12 State	14. MOTHER'S MAIDEN N	AGNISS	
15 (Ye	. WAS DECEAS a, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mes. WINIFRE	// 1	ADDRESS (SAM)
	18. 420	. 1.		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	and and	0 0		ONSET AND DEATH
		LEADING TO DEA	TH	(A) My	ocardial my	folder.	2 WKS
	heart failu	re, asthenia, etc. It mes complication which	ns the diseas	e.	U	, , , , , , , , , , , , , , , , , , ,	
	201						
7	.3%	ANTECEDENT CAUS	DES	· (B)	The state of the s		
O		S OR CONDITIONS, I		IG		9	***********
AT		YING CONDITION LA		(C)			A STATE OF THE PARTY
101				. (0)			***************************************
Ē	OTHER S	II IGNIFICANT CONDI	TIONS CON				
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.b			
O				FINDINGS OF OPER	ATHON		20, AUTOPSY?
AL		- 7			Processing.		YES NO
OIC		DENT WAS UNDER- R CONTRIBUTING	21B. PLA about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I horel	y certify that I at		- /	1952 to	4/3 195	that I last saw the
	deceased a	live on 4/2	1952	and that death occur	rred at P An., from		the date stated above
	231 SIGNA		00		36 ADDRESS	7-7-0	230. DATE SIGNED
	Keyn	nord (),	سعا	M.D.	mety No	spilal	19/5/12-
24	4A, BURILL	OHEMA: 246. DATE	0	24. NAME OF CEMETE	RY OR CREMATORY 24D. I	PEATION (City, tow	n, or county) (State
	HREMOVAL (S	2 Buri	al	Immacu	late Comstery ?	Towson.	med.
D.	ATE RECEIVE	D BY REGISTRAR	S SIGNAT	RF11: W	25. FUNERAL DIRECTOR	7	ADDRESS
	ADD 4	1952 Tunta	grow !	mams no	15 - HOOK JUCO	1217 St.	Paul ST.
	VS 150	1006	64 7	2000-		6	

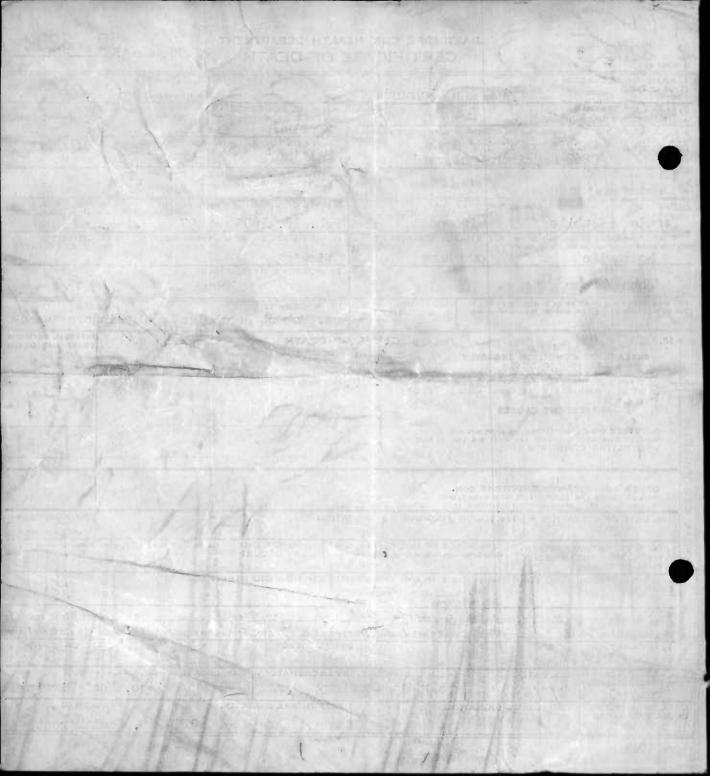


2 3292 T

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3292

BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	riet Ann Sirbaugh	2. DATE OF DEATH April 2, 1952
HOSPITAL OR Garrison Nu	al or institution, give street address or location) ursing Home	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, write RUKAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2901 Windsor Avenue
female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Peb. 13, 1855 9. AGE (In years It Under 1984 Hours Min. Paya Hours Min. Paya Hours Min.
10A. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) housewife	108. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?
John Harper		14. MOTHER'S MAIDEN NAME Bohn
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	of service) SECURITY NO	17. INFORMANT ADDRESS Mrs. Robert Drechsler, 2901 Windsor Avenue
DISEASE OR CONDITION (This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which conditions and the mode of heart failure, asthenia, etc. It means in jury or complication which conditions and injury or complication which conditions and injury or complication which conditions are injuried to the above cause (A) underlying condition has been applied to the significant conditions and the conditions are injuried to the death, but the pearth of the death, but the conditions are injuried to the conditions	f dying, e. g., ns the disease, saused death.) DUE TO SES F ANY, GIVING STATING THE DUE TO CC) TIONS CON-	rales artenosclaves
TO THE DISEASE OR CONDITION		RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E, INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I att deceased alive on 4 2 23A. SIGNATURE		rred at 8 Pmm., from the causes and on the date stated above. 23B. ADDRESS 23C. PATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION. REMOVAL (Specify) removal 4/5/52	24c. NAME OF CEMETE Fairview Ceme	tery Capon Bridge, West Virginia
	esignature Viliams, M	25. FUNERAL DIRECTOR ADDRESS Wankede Inc., 1217 St. Paul Street
V\$ 150		



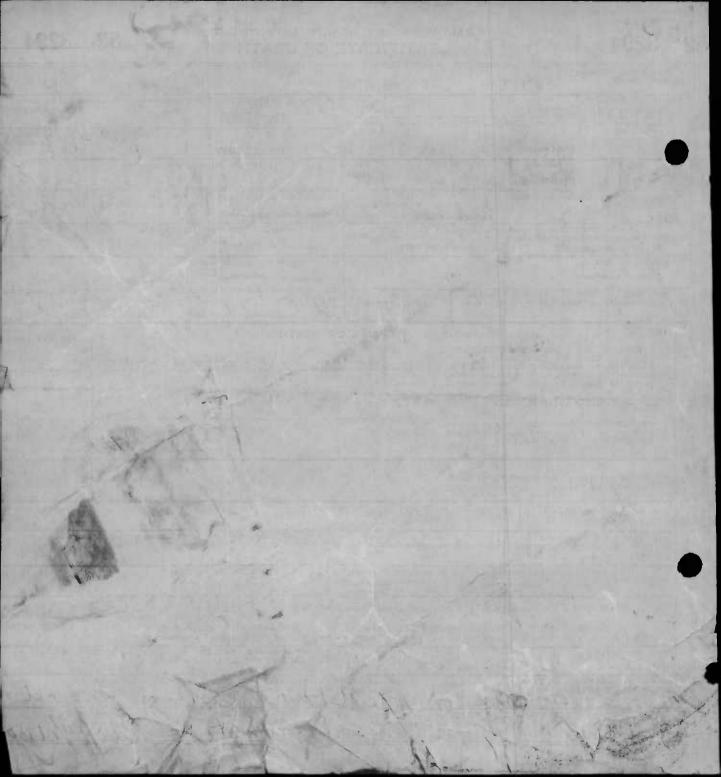


Physicians: please write the causes of death clearly and legibly.

especially important.

BALTIMORE CITY HEALTH DEPARTMENT Registered \$2 3294

BIRTH NO.	CERTIFICATE	OF DEATH	areg.svereu	
1. NAME OF DECEASED (Type or Print) WILLIAM	MANNING		2. DATE OF DEATH Apri	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF "f not in hospital or instituti	on give street address on	A. STATE Maryland	Where deceased lived, I 8. COUNTY	f institution : residence before admission
HOSPITAL OR University Hosp:	location)	c. CITY OR TOWN (I Baltimore	f outside corporate lim	its/write RURAL and gi townshi
	Yrs. Mos.	D. STREET ADDRESS (If		
WIDOW	Days MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	1timore Stre 9. AGE (In years Jast birthday) M	il Under 1 Year If Under 24 Hou lonths Days Hours Mir
work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	100
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	St. Vin cent le	Paul Frankli	ADDRESS in & Cathedral
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	(B)	osclerotic cardi		sease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D			
	FINDINGS OF OPERA			YES NO
	CE OF INJURY (e. g., in arm, factory, street, office bldg., et		If in Baltimore City,	give exact location)
OF INDIRV	VHILE AT NOT WHILE AT WORK	D 21F HOW DID INJUR	Y OCCUR?	
the evidence obtained by said Auto and death in my opinion resulted f	remains described a	Autopsy, aguiry, find that said a A, accident , suicide	Inspection or Inquiry leceased died on to the hamicide , hamicide , EXAMINER	he day stated abovundetermined .
24A. BURIAL, CREMA 24B, DATE TION, REMOVAL (Specify 1 - 4 - 5 2) DATE RECEIVED BY REGISTRAR'S SIGNATU	24C. NAME OF CEMETER	ASSISTANT MEDICAL D. MEDICAL INVESTIGAT RY OR CREMATORY 240.		pril 3, 1952 n, or county) (State) FILL Rel
BOCAL REGISTRAS	Williams both	2. L. Lecelout	Jan 13	1x Light 1



is especially important. Physicians: please with

correct a

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 3295

) / B	IRTH NO. 5	2-072	05	CERTIFICATI	E OF DEATH	Registered No	02.00
1 (3	NAME OF D	Baby Boy	- Russe	ell- Virginia		2. DATE OF DEATH	-52
A	FULL NAME	EATH: City, Maryland OF (If not in hospit	al or institu	tion, give street address or	4. USUAL RESIDENCE (Where deceased lived If institution: A. STATE B. COUNTY befor		
F	TUTION	Baltimer 4940 Eas	e City	Heapital docation)	Baltimere		write RURAL and giv township
		tay in Baltimore	Life	Yrs. Mos. Days	110 Heneysuc	kle Gt.	6200
1 2 2	. SEX	6. COLOR OR RACE		E. MARRIED, WED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 29, 1952	9. AGE (In years Mon last birthday)	Inder 1 Year If Under 24 Hours that Days Hours Min
WOR	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S N	Jack R	ussell		14. MOTHER'S MAIDEN Virginia Fore		
(Y	5. WAS DECEASE es, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	B. C. H. Rece	rds, 4940 Inste	DRESS
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pulmenary Atelestasis DUE TO						
RTIFICATION	ANTECEDENT CAUSES (B)						life /
CERTIF	TRIBUTING TO THE DEATH, BUT NOT RELATED						
CAL	19A. DATE C	of OPERATION 1	9B. MAJOR	R FINDINGS OF OPER	ATION		YES NO
Ğ		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL. ebout home,	ACE OF INJURY (e. g., in ferm, fectory, street, office bldg., e	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
	21d. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
6	22. I hereb	y certify that I att	tended the	e deceased from 3-2	9=52 , 19 , to red at 2-15AM, from	Ner. 30, , 1952	that I last saw the date stated above
	23A. SIGNA		They		38. ADDRESS 4940 Bastern Av		23c. DATE SIGNED
2 TI	4A. BURIAL. (SON. REMOVAL (S	CREMA- Specify) 4-2-526			RY OR CREMATORY 24D	1940 Eastern Av	0.
	APR 4	RAP O 1	s signati	Villiamo hi	25. FUNERAL DIRECTO	R	ADDRESS ,

Chambridge Bridge Bride Bridge Bridge Bridge Bridge Bridge Bridge Bridge Bridge Bridge TRACE OF SURE OF STREET Tar to the THE RESERVE WORKS TO SERVE THE RESERVE AS A SECOND SERVE THE RESERVE THE RESER 1. A STATE OF THE STA A STATE OF A

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE March 10, 1952 Baby Boy Walters-Avalon (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE MATY LAND A. Baltimore City, Maryland B. COUNTY fore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OF INCOME. (If not in hospital or institution, give street address or HOSPITAL OF INCOME.) C. CITY OR TOWN (If outside corporate limit RURAL and give township) Moto Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 908 Homesten Street-19 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | 1 Under | Year | 1 Under 24 Hours | Months | Days | Hours | Min. Mara WIDOWED, DIVORCED (Specify) Single March 10, 1952 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Atalon Townsend Jarama Walters 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Wospitals Eastern Avanue 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity Life (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 3-10, 19 52, and that death occurred at 6 P m 3-16 ., 19_52that I last's 22. I hereby certify that I attended the deceased from_ m., from the causes and on the date states above. deceased alive on. 28c. DATE SIGNED 23A SIGNATURE 238. ADDRESS

LOCAL REGISTRAR VS 150

24A. BURIAL, CREMA-TION, BEMOVAL (Specify) Cremation

DATE RECEIVED BY

3-13-1952

B. C. H. Cravatory REGISTRAR'S SIGNATURE

A4C. NAME OF CEMETERY OR CREMATORY

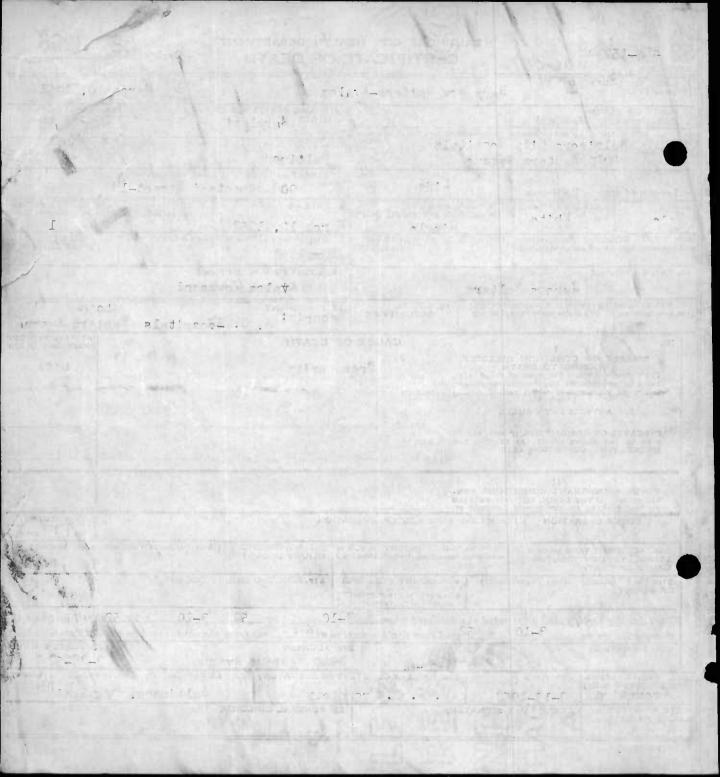
Baltimone, Margiand

24D. LOCATION (City, town, or county)

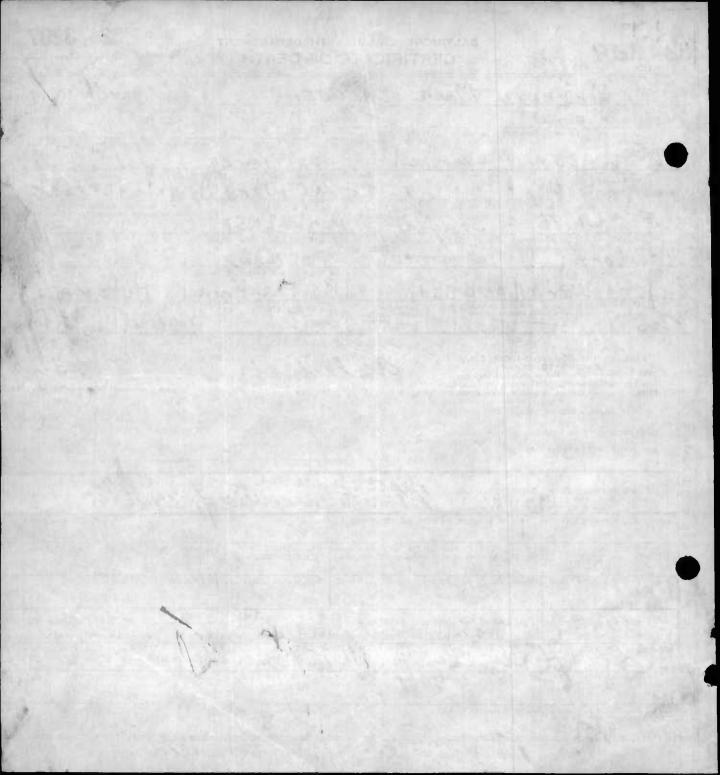
25. FUNERAL DIRECTOR

4940 Eastern Averus

ADDRESS



		Y HEALTH DEPARTMENT	52 Registered No.	3297
		ANGBEHN		130,1952
	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street add)	4. USUAL RESIDENCE (W	here deceased lived, If instit B. COUNTY	ntion: residence before admission)
			outside corporate/limits eri	e KUBAL and give township?
Itb.		Days 2604 Park	Heights Ter	race
y arra	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SINGLE)	Specify) 8. DATE OF BIRTH March 29, 1952	9. AGe (In years ff Under last birthday) Months	
reari	11/0.11	II. BIRTHPLACE (State or for MARYLAN)		CITIZEN OF WHAT COUNTRY?
dearn c	Eugene Ward LANGBEHN	Bertha Fra	1 4 4	MAN
es or	15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, not unknown) (If yes, give war or dates of service) SECURITY	17 INFORMANT	2604 Park Hou	ality Terrace
caus	101.01	JSE OF DEATH		TERVAL BETWEEN
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	telectaris		23 lus.
Write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
please	ANTECEDENT CAUSES			*************************
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
lans				
Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	enta preva f	dolaconto 32	
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	Janeary a Jane	20. AUTOPSY?
cant.	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY	(e. g., in or 21c. WHERE DID (I	f in Baltimore City, give e	YES NO
important.	LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH			
y in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCORD INJURY	CURRED 21F. HOW DID INJURY	OCCUR?	
pecial		WORK L	3-30 105 247	at I last saw the
espe	deceased glive on 3.30 1952 and that death	occurred at 8:18pm., from th	re eauses and on the de	ite stated above.
IS	23 SCHOOL H. Kerdley h. M.	D. Mon Memorial	Jospital 3-	30 - 52
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	METERY OR CREMATORY 24D. LC	CATION (City, town, or co	unty) (State)
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	G ADI	ORESS
	VS 150	13 al anles	aital	
11	y coported	رام مرام		



is expecially important. Traysicians: prease

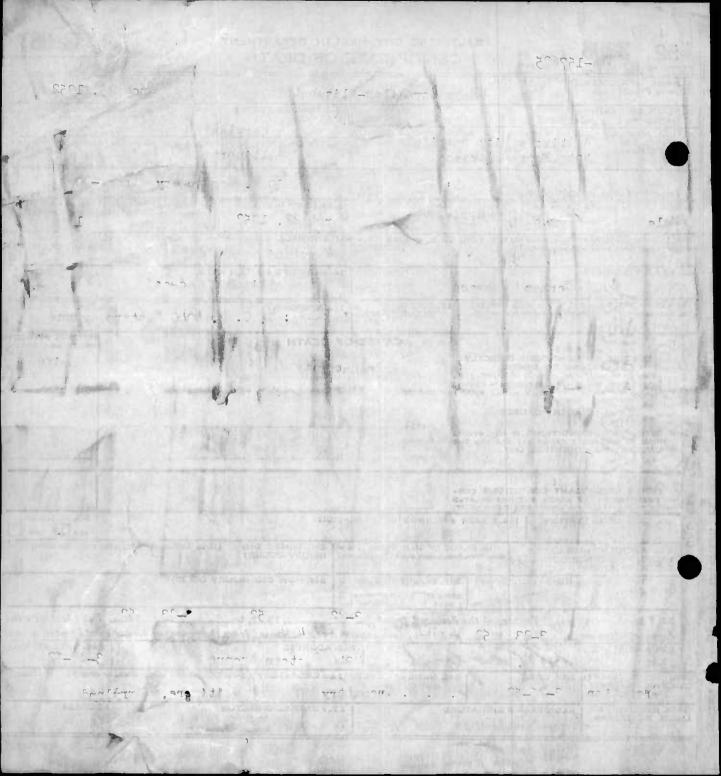
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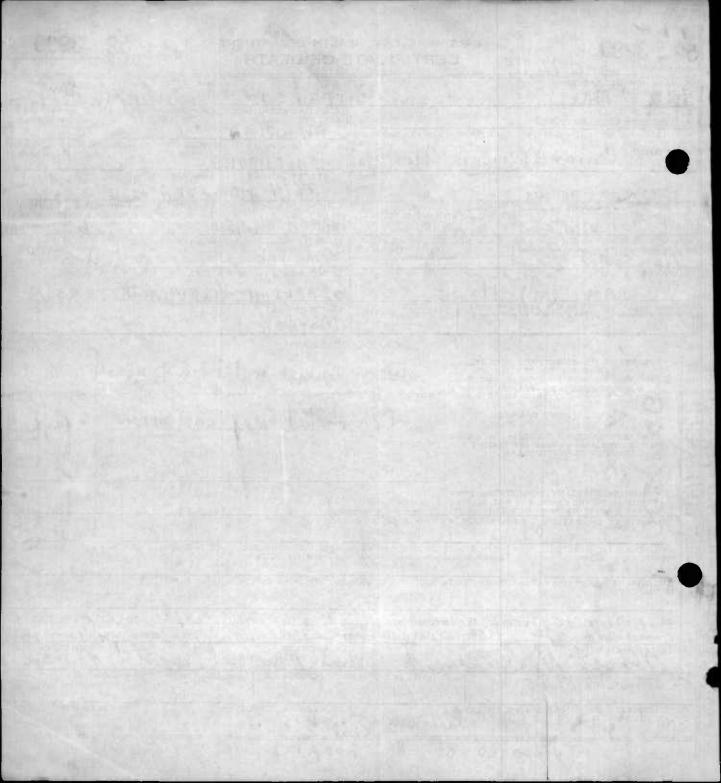
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3298

BI	RTH NO.	う一日 12					
1. (T)	NAME OF D	ECEASED	Ba	by Boy Allen-	limabeth	2. DATE MOST DEATH	ch 23, 1952
	PLACE OF D				4. USUAL RESIDEN		ved. If institution : residence
	FULL NAME	City, Maryland OF _(If not in hospit	aler instituti	ion, give street address or	9.0	ryland	octore admission)
He	TUTION			on, give street address or ospitals location)	C. CITY OR TOWN	(If outside corporate	Limits, write KURAL and give
L	TOTION	4940 Fast	ern Ave			imore Z	L township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	6. STREET ADDRES	Montgomery	Street-30
5.	SEX	6. COLOR DR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (In yet	ars If Under Year If Under 24 Hours y) Months: Days Hours Min.
	Male	Negro	12	gie	March 22, 19	52	1
10. work	A. USUAL OC done during most	CUPATION (Give kind of of working life, eveo if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME	
	TATTLERS	Herman	Johnso	n		zabath Mereod	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B.	C. H. 49h0 Ba	ADDRESS
	18. 77/	y		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEAT	TH	Pres	naturity		Tile
	heart failu	irc, asthenia, etc. It mea	ns the diseas	e,			
-	ANTECEDENT CAUSES						
Ó		S OR CONDITIONS, I			***************************************	*,,,,,,,,,,	***************************************
F	UNDERLY	THE ABOVE CAUSE (A)	STATING TH				
ERTIFICATION				(C)			
1		П		History and the			
2		SIGNIFICANT CONDI					
Ü	TO THE D	ISEASE DR CONDITION	CAUSING I	т			
AL	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
U	04: 100:		21a Di /	CE OF INJURY (e. g.,	in or 21c. WHERE DI	D (If in Baltimore	City, give exact location)
	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	about home, i	arm, factory, street, office bldg.			
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m	WHILE AT NOT WHILE			
	22 T house	y certify that I at	and ad the		-22 19.52	to 5,23	192, that I last saw the
	deceased a	line on 3.23	enaca inc	and that death occu			on the date stated above.
	23A. SIGNA		_, 19		23B. ADDRESS		23c. DATE SIGNED
		45.0	103	M. D. 1	940 E stern A		3-23-52
710	A. BURIAL.	CREMA- 248. DATE Specify) 3-25-5				24D. LOCATION (City	town, or county) (State)
	orema.	tion 3-25-5		C. H. Crema			Azytland
	ATE RECEIVE		S SIGNATE	IRE	25. FUNERAL DIRE	CTOR	ADDRESS
-		1059 Tuntin	glove /	Elidria MOZ	22 0 0 A		



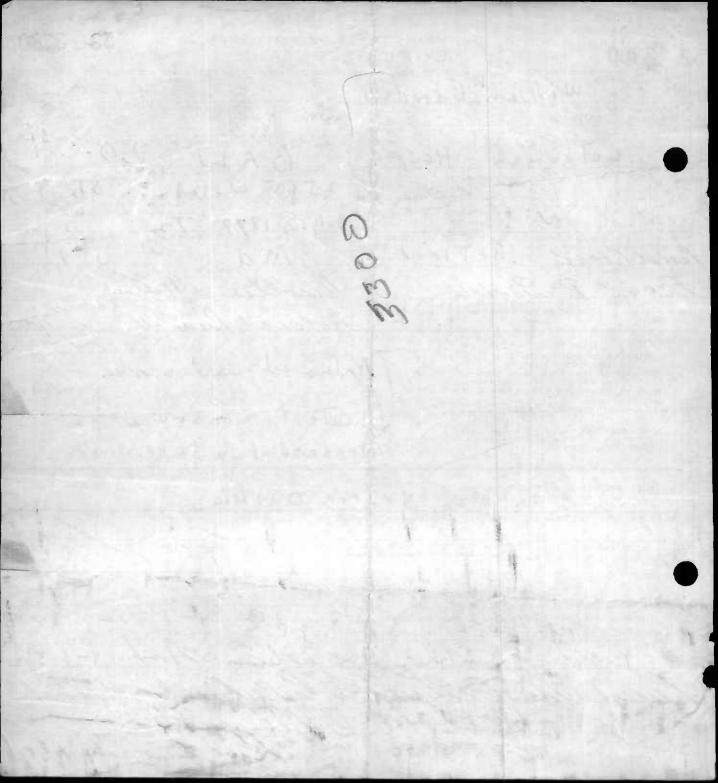
	3	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	EALTH DEPARTMENT E OF DEATH Registered No.	3299
	1. (Ty	NAME OF DECEASED OPE OF Print) MARLENE JEAN PA	ATTERSON 2. DATE OF DEATH APRIL	2,1952
	A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR location	A. STATE B. COUNTY	before admission)
· C		TUTION Union Memorial Hospita	BALTIMORE D. STREET ADDRESS (If rural, give location)	township)
931		Length of stay in Baltimore 6 Days SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	2614 HAMPDEN AUE.	r 1 Year II Under 24 Hours
ours &		F White Single (Specify	MARCH 231952 last birthday) Month	
CICGE	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if relired) FWBORN	MARYLAND .	WHAT COUNTRY?
пеасп	13.	WILLIAM (n) HOWE	GERALDINE VIRGINIA PATT	ERSON
TO SE		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MOTHER ADD	RESS
cansas		LIGHT OF COUNTY OF PROPERTY	OF DEATH	INTERVAL BETWEEN
Tite the		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	entricular septal defect, hear	6 days
ase n	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	genital malformation	6 days
Physicians: please	CATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
sician	TIF	OTHER SIGNIFICANT CONDITIONS CON-		
Phys	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?
ıt.	AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	ERATION	YES NO
important.	DIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g. about bome, farm, factory, street, office bldg		e exact location)
Ily		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT AT WORK AT WORK	E	
especia		22. I hereby certify that I attended the deceased from 3		hat I last saw the
is es		deceased alive on 4/2, 1952, and that death occur	urred at 7:10 A.m., from the eauses and on the	4 - 2-52
+	2.4 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify)	FERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
correct	D	ATE RECEIVED BY REGISTRATIS SIGNATURE	2011	DDRESS
	=	vs 150 Disposed of By	hospital	Y



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 3300

BIRTH NO.						
1. NAME OF DECEASED William Bandell	2. DATE OF UEATH 4-1-52					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RDRAL) on kive township)					
Lulheran Hosp.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	2565 W. BALT. ST.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	3. DATE OF BIRTH July 17 1879 9. AGÉ (In years of Under 1 Year last birthday) Months: Days Hours: Min.					
10A. USUAL OCCUPATION (Give kind of rothing life, even if retired) ASTAL COMPANY ASTAL COMPANY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
FRANK P. BANGOLI	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Souls Lot Pandall . Source					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	of DEATH This teh Cardina di. Cute lu mon a ry edema ocardial In Sufficiency					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Severa Quenta.						
194. Date of Operation 198. Major findings of Oper	RATION 20. AUTOPSY?					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., c						
21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3	-3 ,1963 to 4 - / ,195 7that I last saw the					
deceased alive on	rred at 7 m., from the causes and on the date stated above. 238. ADDRESS / 23C. DATE SIGNED					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	- William - J. J.					
Allela Olle 5152 Loudon	want Galto Reed					
APR 5 - 1952 Funtinglow Williams, King	Of Allepout F Son					
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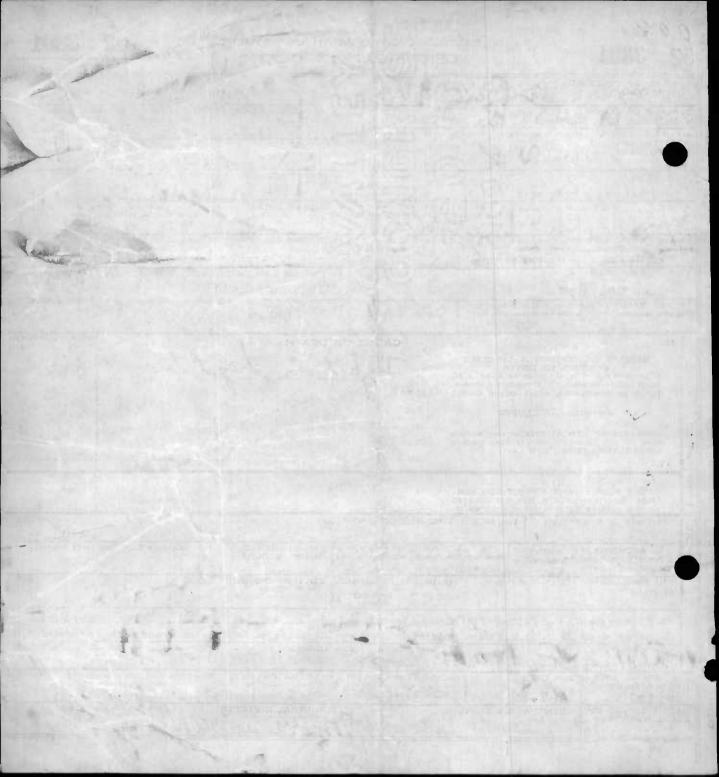
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BALTIMORE CITY HEALTH DEPARTMENT

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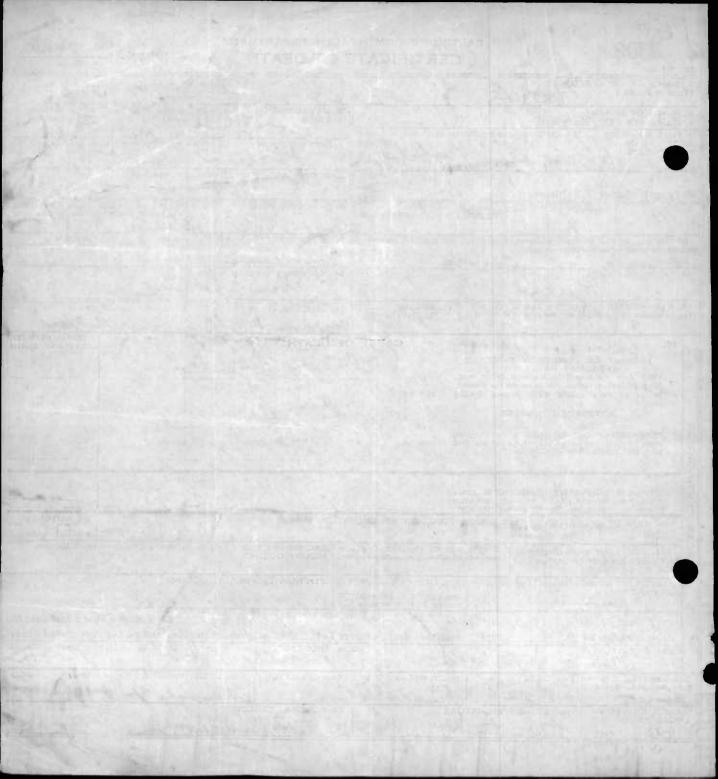
BIRTH NO.	U.L.		CERTIFICAT	E OF DEATI	Registere	1 NO.
1. NAME OF D (Type or Print)	DECEASED Leon	n Rai	1		2. DATE OF DEATH	-4-52
3. PLACE OF D	City, Maryland	. Q.	PE	4. USUAL RESIDE	NCE (Where deceased lived.	. If institution: residence before admission)
B. FULL NAME		al or institut	ion, give street address or	. W	d.	before admission)
HOSPITAL OR	MOHNS HOPK	INIC NO	location)	C. CITY OR TOWN	(If outside corporate li	mils, write HURAL and give
	ROING HOLD	ALAS LIG	~	13 altr	mars !	7-0
			Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	1
c. Length of s	stay in Baltimore	7 SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
male	e.		VED, DIVORCED (Specify)			Months Days Hours Min.
	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
Porte	r			Marvlan	ıd	U. S. A.
13. FATHER'S			Sen	14. MOTHER'S MA		
	el Ray			Florence	Smith .	ELICITAL LEGY
(Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give wer or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	S HOPKINS HOSPIT	ADDRESS
18. 000	Y		CAUSE	OF DEATH	A	INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY	-7 1	4.	1. 1. +.	ONSET AND DEATH
(This does	LEADING TO DEAT	ΓΗ f dying, e. μ	E., (A) Info	chous /	hepalities	6 Weeks
heart failt	ure, asthenia, etc. It men complication which c	ns the diseas	se,			
The same	ANTECEDENT CAUS	FS				A STATE OF THE STA
z			(B)	**************************	***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERL	YING CONDITION LA	ST.	(C)		***************************************	
F -						
OTHER S	 SIGNIFICANT CONDI	TIONS COI	۸-			
M TRIBUTING	G TO THE DEATH, BUT					
	The first term of the second second		FINDINGS OF OPER	RATION		20. AUTOPSY?
Į.						YES NO L
	R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			y, give exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF INJURY		m.	WHILE AT NOT WHILE			
22. I havel	by certify that I att		-		2 to 3 25 , 19	52 that I last san the
	live on 3-4	1952			, from the causes and or	
234.5 GNA		, A /		28 ADDRESS		23c. DATE SIGNED
Mor	use Thom	hlin	William H. B.	JOHNS H	OPKINS HOSPITAL	
24A. BURIAL, TION, REMOVAL (S	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE			The state of the s
Burial	4-7-52	3	Arbutus Men	n. Park	Baltimore Co	
DATE RECEIVE		SSIGNAT	JRE .	25. FUNERAL DIR	ECTOR	ADDRESS
APR5 -	1952 Tourt	ington	Wichaus, My	Motta	us 4. Heus	ley to the
VS 150		0	26. 0	20		7 200 5
			780 9	1		/



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2	3302	
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BALTIMORE CITY HEALTH DEPARTMENT 52 3302

BIRTH NO. CERTIFICATE OF DEATH
1. NAME OF DECEASED ARTHUR DEFFREY 2. DATE OF DEATH 4-3-52
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived 17 institution: residence A. STATE B. COUNTY before admission and the country before a country before
B. FULL NAME OF (If not in hospital or institution, give street addyss or HOSPITAL OR TUTION (If outside corporate limits, write RURAL and g township.)
c. Length of stay in Baltimore Yrs. Mos Oays
5. SEX 6. COLOR OR RACE 7 SINGLE, MARRIED, VIDEOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours Mi
10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR INDUSTRY Work done during most of working life, even if retired) WHAT COUNTRY WHAT COUNTRY
13. FATHER'S NAME Walt Walt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS Proceeding 16. SOCIAL SECURITY NO.
18. 200. CAUSE OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)
ANTECEDENT CAUSES Symphs - Sarcoma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-
UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CON-
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT
YES WO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING COUNTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or chosen bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK
22. I hereby certify that I attended the deceased from 3-19 19540 4-3 1952 that I last saw
deceased glive on 4-3, 1952, and that death occurred at 2:10 Pm., from the causes and on the date stated about 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE
Trancia Doyce M.D. University / traps 4452
24A. BURIÁL, CREMA- TION, REMOVAL (Specify) Pure S 24C. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) State Friendshif Com Haynons Mul
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
VS 150
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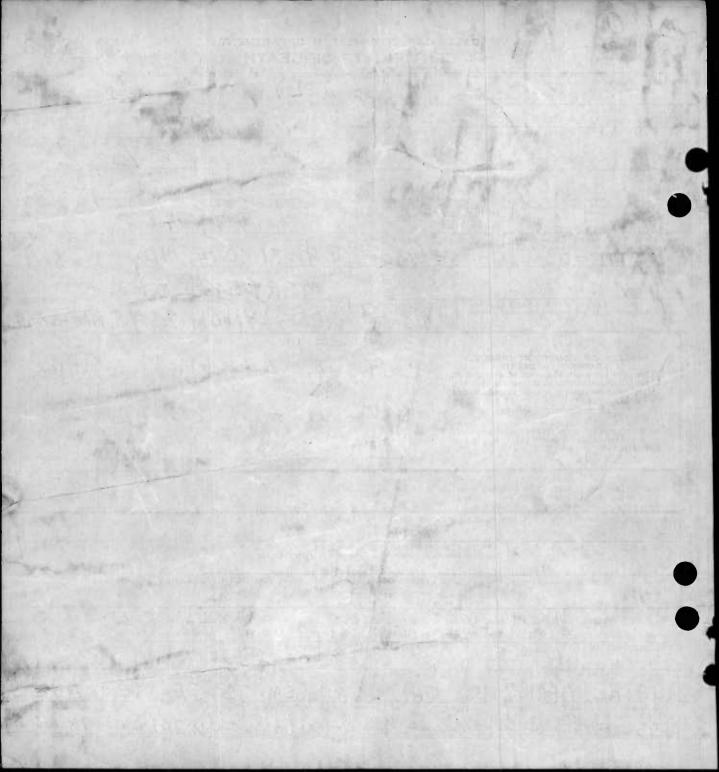
is e recially important. Physicians: prease write one

correct

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3303

ı	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0		
	1. NAME OF DECEASED (Type or Printy) RS. MARY E	E. Riega (RIE	GEL	2. DATE OF HA	1/52		
	A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution: residence before admission)		
	HOSPITAL OR	or institution, give street address or location)	c, CITY OR TOWN (If	outside corporate limits	Avrite RWPA Load cove		
	INSTITUTION MERCY HO	SPITAL		MURE /	5 winehip)		
	1	LIRE Yrs.	D. STREET ADDRESS (If	rural, give location)	1		
	Length of stay in Baltimore	Days Days	8. DATE OF BIRTH	1419 HEAR	linder 1 Year II Under 24 lieurs		
	FIN	WIDOWED DIVORCED (Specify)	Nov 22,1878	has highlay) Mor	nths Days Hours Min.		
	work doneduring mont of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	BALTIMO!	RE, MD.	12. CITIZEN OF WHAT COUNTRY?		
	HENRY LIND		MARYE.	BOEHM			
	15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (If yes, give, war or dates of		ROSELYNL	M 2595	HIGHLANDA		
	18. 420.1	CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d	Muse	AROUR INFAR	CTION	2 WKR		
	heart failure, asthenia, etc. It means in injury or complication which caus	the disease,					
i	ANTECEDENT CAUSES		ERO SCEROTIC	W117			
	Z DISEASES OR CONDITIONS, IF A	NY, GIVING	ETEO SCERE OF TE	e-0. 015			
ı	RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	•					
1	OTHER SIGNIFICANT CONDITION	(C)	#11				
	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO						
l	TO THE DISEASE OR CONDITION CA	AUSING IT.			L SO ALITOPENA		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS							
		21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		lf in Baltimore City, g	ive exact location)		
	21D. TIME (Month) (Day) (Year) (H	WHILE AT NOT WHILE		Y OCCUR?	100000		
ľ	22. I hereby certify that I attended the deceased from 3/24, to 4/4, 1952, to 4/4, 1952, that I last saw the						
	deceased alive on 4/4, 1952, and that death occurred at 575 Am., from the causes and on the date stated above.						
ı	236. SIGNATURE PERMIND 235-DDRESS 423C. DATE SIGNED						
I	24a. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State)						
ı	BURTAL APRIL 7.1952 OAK LAWN CEM. 7225 EASTERN AVE.						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS CONKLING ST						
	APRO - 1997 I Turcing						
	VS 150						



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S. Conkling St.

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUIS MICHEL La JR. DEATH April 3, 1952. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 23 No High Sto A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL DR (If outside corporate limits, write RULAL and give C. CITY OR TOWN INSTITUTION township) Baltimore Life D. STREET ADDRESS (If rural, give location) Yrs. Mag c. Length of stay in Raltimore 23 N. High St. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. CDLDR OR RACE 8. DATE OF BIRTH 9. AGE (In years | fl Under 1 Year | fl Under 24 Hours | Months Days | Hours | Min. White Single December 3, 1877 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Laborer Baltimore, Md. U.S.A? 13. FATHER'S NAME Course 14. MOTHER'S MAIDEN NAME Louis L. Michel Sr. Johanna Weber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war nr dates of service) 6-07-5399 No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from. . 19 _. that I last saw the deceased alive on 1866 2, 1952 and that death occurred a 10:30 And on the causes and on the date stated above 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial April 5 3801 Frederick Ave. Belto, Md. Loudon Park Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE

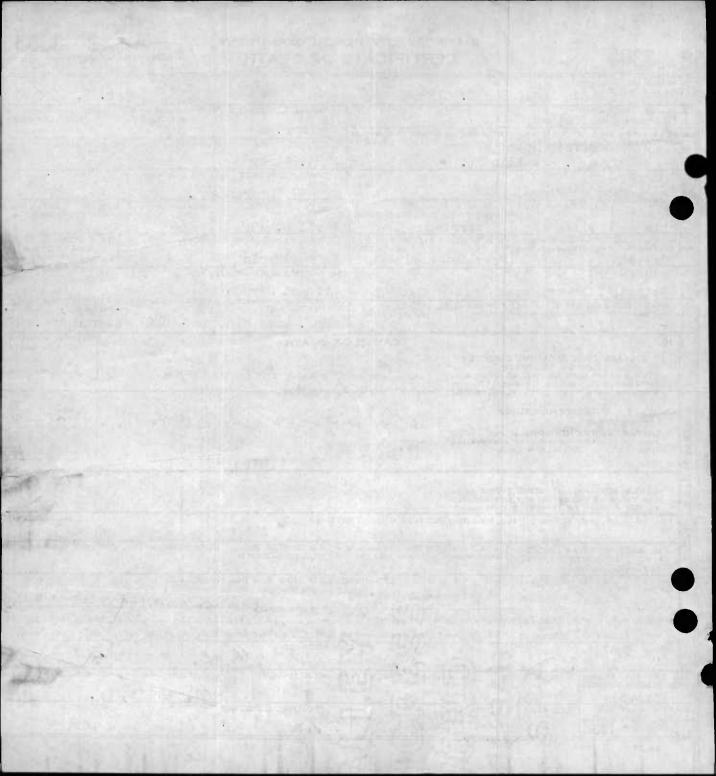
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3305

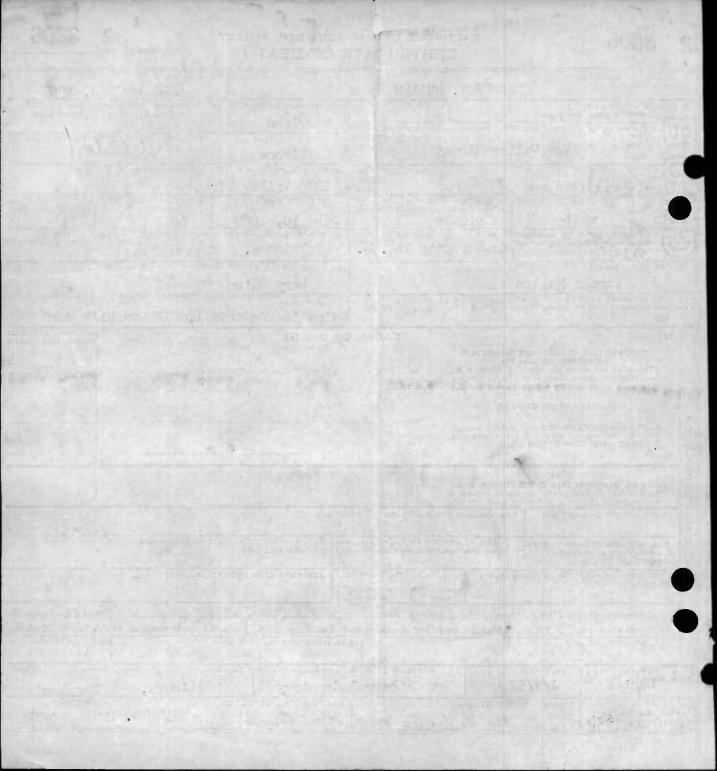
BI	RTH NO.								
	NAME OF D ype or Print)		SEPH E.	GIBBONS		2. DATE OF DEATH	Apr. 5, 1952		
A.		City, Maryland	4-1	tion, give street address or	4. USUAL RESIDENCE A. STATE Penna.	CE (Where deceased lived.	If institution: residence before admission)		
B.	SPITAL OR	Congress Hot	tal or institui	location)					
11	STITUTION	306 W. Frank	lin St.		Mt. Airey		township)		
		J00 110 110		Yrs.		6 (If rural, give location)			
C.	Length of s	stay in Baltimore		Mos. Days	8403 Thouron Ave.				
	EX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.		
	male	white		ried	April 6, 189		Days Hours All		
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	I 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY		
WOL	Captair			nt Marine	Pennsylvania		WHAT COUNTRY		
13	13. FATHER'S NAME				14. MOTHER'S MAID				
	Patrick Gibbons				Bridget Jord	on			
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		tandaterey, Penna		
(10	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				Mrs. Nora G	ibbons - 8403	Thouron Ave.		
	18. 11-5	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION					a A		
	(This does	LEADING TO DEA s not mean the mode		g., (A)	man the	onbous	5da.		
		are, asthonia, etc. It mes complication which			4				
		ANTECEDENT CAU					0 ×1		
1	7,7205	ANTECEDENT CAO	323	(B) let	rio-scler	ofce heart dis	ene ander		
TION		S OR CONDITIONS,							
1		YING CONDITION L		(C)					
FIC				(0)					
RTIE	OTHER (II SIGNIFICANT COND	ITIONS CO	N.					
111	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED					
U		OF OPERATION		R FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL							YES NO		
DICA		DENT WAS UNDER-	I .b b	ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,			y, give exact location)		
Ш	CAUSE OF	R CONTRIBUTING	about nome,	tatm, accord, seriose, omeo Dage.,	INSORT COCORT	State of the last			
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR					
	OF INJURY		m.	WHILE AT NOT WHILE		- DOANG	tony to print of along		
	22 I haral	by certify that I at		deceased from No	wh all and	to .19	, that I last saw th		
	deceased a	line on	19	and that death occur			n the date stated above		
	23A. SIGNA				38. ADDRESS		239. DATE SIGNED		
	7	2. R. F.	ann !	M. O.		£ 5t.	7/5/52		
	4A. BURIAL. ON, REMOVAL (24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	wn, or county) \checkmark (State)		
.,	Remova					Philadelphia	4		
P	ATE RECEIVE	D BY PEGISTRAS	'S SIGNAT	URF.	25 FUNERAL DIREC	CTOR	ADDRESS		
-	APR 5-	1952 Tunte	uglove!	Villabus, his	1. Jan 1.	Vickner	1 Ams		
	VS 150		0		0000	1)-ob 1.	1 and		
				240 33		Duero 1	I		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3306

В	BIRTH NO.						
1.	NAME OF D ype or Print)	ECEASED	ELMER T	. MULLEN		2. DATE OF DEATH April	4. 1952
Α.		City, Maryland	al au institut	ion, give street address or	4. USUAL RESIDENCE (A. STATE Maryland		
H	FULL NAME OSPITAL OR ISTITUTION	1225 Val		location)		If outside corporate limits,	walto RVRAL and give township)
				Yrs.	D. STREET ADDRESS (I	If rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	1225 Valley St	creet	
	ale	6.COLOR OR RACE	7. SINGLI WIDOW Sin	E. MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIRTH June 10, 1889	9. AGE (In years last birthday) Mont	nder 1 Year Munder 24 Hours the Days Hours Min.
1C wnr	A. USUAL OC kdone during mosts Accounta	CUPATION (Give kind of all working life, even if retired)	10B. KINE	City Ins. Co.	11. BIRTHPLACE (State or Baltimore, Ma	foreign country) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN		
	T	homas Mullen			Mary Quinn		
T: (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknawa) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT	AD	DRESS
()	no	(**************************************		SECORITI NO.	Celestine McCard	lell, 312 Overh	ill Road
	18. /8/	' X	PER I	CAUSE	OF DEATH Car	comp of	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		2	,	
		not mean the mode orc, asthenia, etc. It mes	of dying, e. 1		Grinary Dle	rdder	3 000
	injury or	complication which	caused death	.) DUE TO	Arberiosalero	tic Cardion	
		ANTECEDENT CAUS	SES				
Z	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) Wased/ap Disease						
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
CA				(C)	***************************************		
RTIFICATION		П					
ER		IGNIFICANT COND					
บิ		F OPERATION	-	FINDINGS OF OPER	PATION		20. AUTOPSY?
AL	ISA. DATE C	OF OPERATION	ISB. MAJOR	FINDINGS OF OFE	ATTON		YES NO
EDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL	ACE OF INJURY (e. g., i farm, factory, street, affice bldg.,	n ar 21c. WHERE DID oc.) INJURY OCCUR?	(If in Baltimore City, given	ve exact location)
	210. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from 1-1-52, 1955 to 4-4, 195, that I last saw the						
					rred at Z:10 4 m., from		
	23A. SIGNA		1,146	M. D.	23B. ADDRESS CL	re St	4-4-12
	AA. BURIAL.	Pecify) 248. DATE 4/7/52	2	New Cathedral	RY OR CREMATORY 24D. Cemetery		r county) (State) Maryland ADDRESS
	ATE RECEIVE		S SIGNATI	JRE	25. FUNERAL DIRECTOR	1217 9+ 0	ADDRESS
-	APR 5 - 1	952 Munting	clos 1	Meaus, A.V.	25m368v419	AC. TELL DO. F.	aul Street
1	VC 150	/	177		A STATE OF THE PARTY OF THE PAR	page 1	

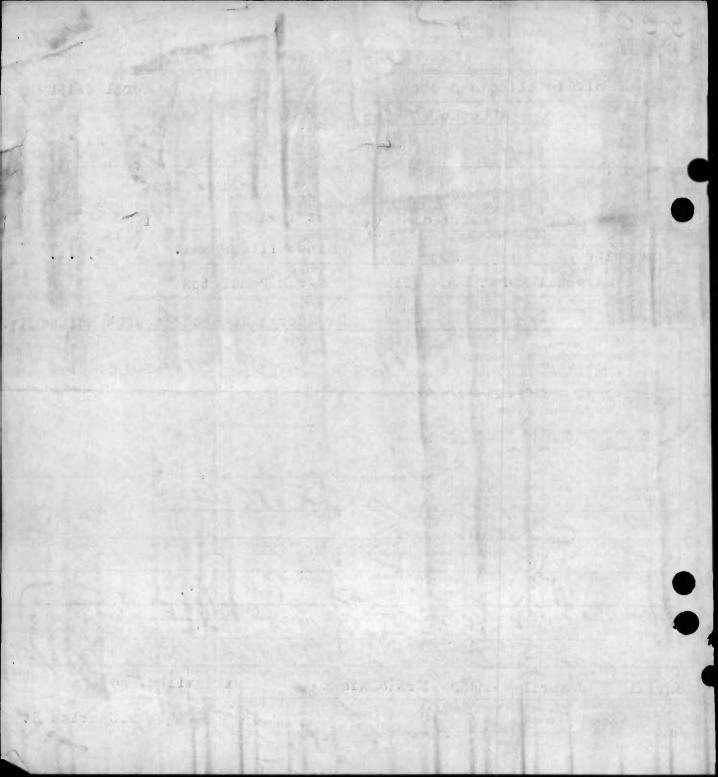


VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3307
Registered No.

1. NAME OF DECEASED (Type or Print) Dirdie Alice Bennett 2. DATE OF April 4-1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 4904 Roland Ave B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write TURAL and page INSTITUTION township Baltimore 45 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4904 Roland Ave c. Length of stay in Baltimore Days WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. Oct 18-1870 81 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Linesville Penna. U.S.A. Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marshall Murat Rockwell Sarah Pendleton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (You no or unknown) (If yee, give war or dates of service) SECURITY NO. Dr George E. Bennett 4904 Roland INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 Old (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 451950 . 19 5 that I last saw the 22. I hereby certify that I attended the deceased from. 1952 and that death occurred all Am., from the eauses and on the date stated above. deceased alive on 23B-ADDRESS 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify Pikesville. Md Druid Ridge April -7-1952 ADDRESS DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2224 N. Charles St



is expecially important. Physicians: please write the causes or ucach ex-

correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3308 Registered No.

BIRTH NO.	0000		CERTIFICATI	E OF DEATH		
1. NAME OF (Type or Print)	DECEASED William	ivens			2. DATE OF DEATH	52
3. PLACE OF A. Baltimore B. FULL NAM HOSPITAL OF	City, Maryland E OF Afrot in hospit Baltinor	al or institut	ion, give street address or	4. USUAL RESIDENCE () A. STATE C. CITY OR TOWN (1	B. COUNTY	institution: residence before admission) s, write RURAL and give
INSTITUTION	4940 East	ern Av	0.	Baltimere	1	. (township)
c. Length of	stay in Baltimore	Life	Yrs. Mos. Days	906 Burgand		
EX	6. COLOR OR RACE		E. MARRIED. ZED, DIVORCED (Specify)	July 25, 1915	9. AGE (In years last birthday)	if Under 1 Year of Under 24 Hours on the Days Hours Min.
work done during mo	OCCUPATION (Give kind of et of working life, even if retired) OPER	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	Small Give	18		14. MOTHER'S MAIDEN N Henrietta Rive:	F 344 2 10 7 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	
15. WAS DECEA	ASED EVER IN U.S. ARME (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Recerd	The same of the sa	DDRESS
DISEAS TO UNDER UNDER OTHER TRIBUTI	(c)					Unknown
19A. DATE	OF OPERATION		FINDINGS OF OPER	Extravasion		20. AUTOPSY?
O 21A. ACC	IDENT WAS UNDER- OR CONTRIBUTING TO DEATH	21B. PLA about home,	ACE OF INJURY (c. g., i farm, factory, street, office bldg.	or 21c, WHERE DID (ctc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
210. TIME OF INJUR	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 2/F, HOW DID INJUR	RY OCCUR?	Ž.
22. I her deceased	eby eertify that I at alive of pril 2	tended the	deceased from 3-28 and that death occu	rred at 19 55th, from		
23A. SIGN	NATURE OS	Olog	en M.D.	4940 Lastern Ave.		23c. DATE SIGNED
24A. BURIAL TION, REMOVAL	CREMA 24B. DATE	52	MY SLOT	RY OR CREMATORY 240	The France	met
DATE RECEIVED APR 5-	VED BY REGISTRAR 1952 + +	'S SIGNATI	VIII OND ASTR	25 FUNERAL DIRECTOR	1 Mice-6	61WBarre
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TI. 11, 11 Dentil Street 44-1 Total Control Line ecerés, the same the first of the same Later the State of the later of Brita Silveria Not and and and CONTRACTOR OF THE STATE OF THE I'm 10.75 riotae Of

536	2200
BIRTH NO.	3303
1. NAME OF	DECEASED

ge is especially important, ruysicians, prease mire

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3309

	RTH NO.	E OF DEATH	
1.	NAME OF DECEASED Miss Annam Pend Miss Annam Pend	lergast 2. DATE OF GEATH 4.4.	2/92
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. OSUAL RESIDENCE (Where deceased lived. If institu	tion: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION) A H H H H H H H H H H H H		e RURAL and give township)
	J. Aguls Harman Yrs.	o. STREET ADDRESS Alf rural, give location)	
11-	Length of stay in Baltimore Mos. Days	763. Srantly st.	Year If Under 24 Hours
	sex 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	7-27-1887 (ast bridge) Months I	Days Hours Min.
Worl	A. USUAL OCCUPATION (Give kind of tob. KIND OF SUSINESS OR INDUSTRY		THIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	margrent Shaffer	
	(If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT ADDRE	Gentle 14
-	18. /70× CAUSE	OF DEATH	TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	immes lett breat	SHEARS
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	metastasia	0
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	*	***************************************
TAS	UNDERLYING CONDITION LAST.		
Ë	11 0 1	0	
CERTI	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	a, bystito, Vienia	3 month
با	19A. DATE OF OPERATION 19B. MAJOR, FINDINGS OF OPER	BATION haster left form	YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.,		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from 10	18 1951, to 4/4 , 1952 the	it I last saw the
	deceased alive on 4/4, 19 52 and that death occur	rred at 3 m., from the causes and on the da	te stated above.
	Steplen 11. Vaduoses M.D.	St. agree Hospital 4	1/4/52
Z TI	ON REMOVAL (Specify) 4/7/57 DLG 1	ERY OR CREMATORY 24D. LOCATION (City, town, or co	intyf (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADD	DRESS
	1PR 5-1952 Tuntington Vellequis, No	7 344 V1. Supre 7101 Class	25 Vect
	VS 150	ST.	व रर मप्

NOT A MEDICAL EXAMINER'S CASE

CYNEF G. ASST. MEDICAL EXAMINER

Baltimore National

25 FUNERAL DIRECTOR

Bllsworth Armacost 4600

Balto. Md.

ADDRESS

Liberty Heights, Ave

April 9-52

DATE RECEIVED BY

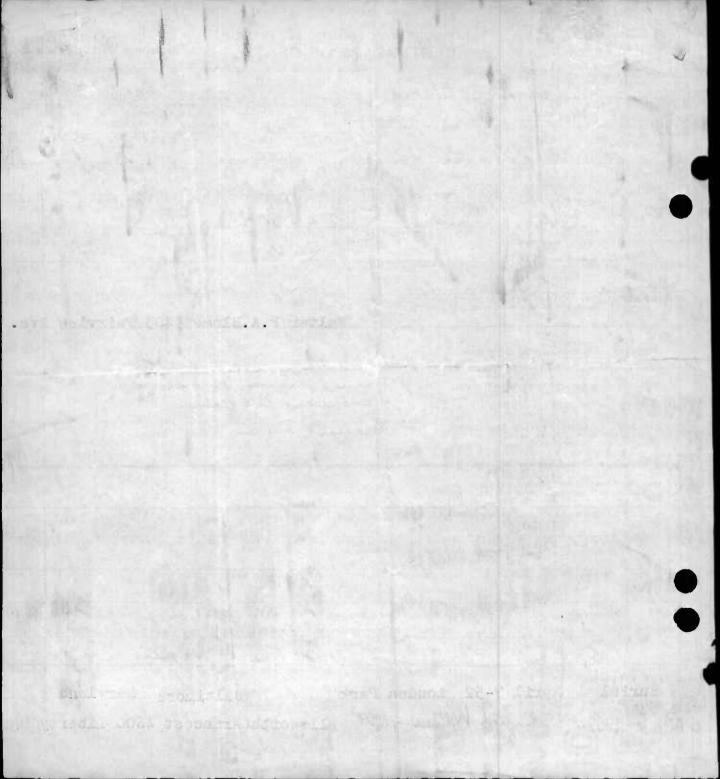
Lu .collet and the state of t . u . or frie | foreszent armeteten \$3-2 - Lripe | tabl 450 52 3311 BIRTH NO.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3311

BIRTH NO.	E OF DEATH REgistered No.	
1. NAME OF DECEASED (Type or Print) Augusta, Blome	2. DATE OF DEATH April 4 52	
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased fived, If institution : residen A. STATE B. COUNTY before admi	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL an	d give
Maryland General Hospital	Dallinge 1	nsniji)
Mos.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days [6. COLOR OR RACE 7. SINGLE, MARRIED.	36 } Therves &v. 8. DATE OF BIRTH 9. AGE (In years M Under Year	4 Hours
F. WIDOWED DIVORCED (Specify)	nov. 13, 1876 last birthday) Months Days Hours	Min.
10a. USUAL OCCUPATION (Givekind of usual notation) 10b. KIND OF BUSINESS OR INDUSTRY		TRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ρ.	C. \	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	
(Yes, no or uoknown) (If yes, give war or datas of service) SECURITY NO.	Walter F.A.Blome 3403 Fairview Av	7.0
18. 260X , CAUSE	OF DEATH INTERVAL BET	WEEN
DISEASE OR CONDITION DIRECTLY		JEATH
though duttions much make the transfer of 32 and 5.	sochotic cardio-vascular	
injury or complication which caused death.) DUE TO	u è cardiae decompensation	
ANTECEDENT CAUSES	sicular fibrellation	
O DISEASES OR CONDITIONS, IF ANY, GIVING	bala mellis	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOP	
	YES N	SY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	io or 21C. WHERE DID (If in Baltimore City, give exact location	10
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	io or 21C. WHERE DID (If in Baltimore City, give exact location etc.) INJURY OCCUR?	10
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., it LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., CAUSE OF DEATH	ie or 21c. WHERE DID (If in Baltimore City, give exact location etc.) RED 21F. HOW DID INJURY OCCUR?	10
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from	21c. WHERE DID (If in Baltimore City, give exact location etc.) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 15t., 1952, to April 4, 1952, that I last sa	w the
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of death 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Hour) (Hou	21c. WHERE DID (If in Baltimore City, give exact location etc.) INJURY OCCUR? 21f. HOW DID INJURY OCCUR?	w the
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. Time (Month) (Day) (Year) (Hour) 22D. Time (Month)	21c. WHERE DID (If in Baltimore City, give exact location etc.) 21f. HOW DID INJURY OCCUR?	w the above.
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on lysil 4, 1952, and that death occur 23A. SIGNATURE 24A. BURIAL. CREMA! 24B DATE 24C NAME OF CEMETE	21c. WHERE DID (If in Baltimore City, give exact location etc.) 21f. HOW DID INJURY OCCUR? 22f. Hat I last sa rred at 7:30 Am., from the causes and on the date stated at 23s. ADDRESS 23c. DATE SIC. 23c. DATE SIC. 23c. DATE SIC. 23c. DATE SIC.	w the
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, farm, factory, street, off	21c. WHERE DID (If in Baltimore City, give exact location etc.) INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. how DID INJURY OCCUR?	w the
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on lysil 4, 1952, and that death occur 23A. SIGNATURE 24A. BURIAL. CREMA! 24B DATE 24C NAME OF CEMETE	21c. WHERE DID (If in Baltimore City, give exact location etc.) 21f. HOW DID INJURY OCCUR? 22f. Location on the date stated at exact and on the date stated at exact location (City, town, or county) 22f. WHERE DID (If in Baltimore City, give exact location of the location	w the



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

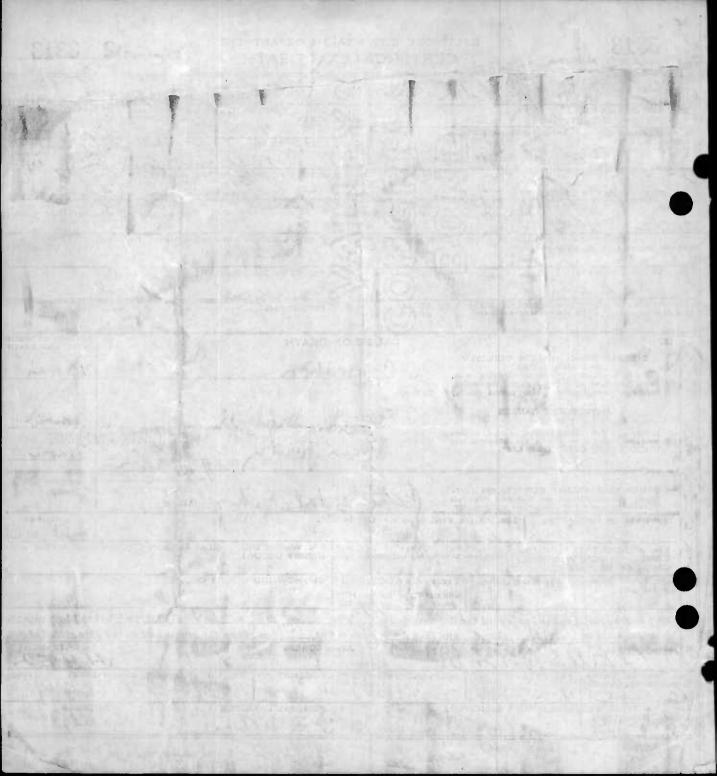
Registered No. 3312

BIRTH NO.D.L.C	E OF BLATH
1. NAME OF DECEASED (Type or Print) Hary Emma Wetzel	2. DATE OF DEATH 4-4-52
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RERAL and give
5101 Underwood Road	Baltimore (7) township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	5101 Underwood Road
emale 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Widowed Widowed	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Indee 1 Year Indee 1 Year Indee 1 Year Indee 24 Hours Indee 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Denver, Col.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick H. O'Kelly	Margaret Roche
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no - SECORITY NO.	Mrs. Mary Winn (daughter)
18. 4 50. 1 . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	none Pet leg. About 4 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON-	<u></u>
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	wholes to geten les. Our Partent
19A MATE OF OPERATION 198, MAJOR FINDINGS OF OPER	1 yes no 2
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, it in, factory, street, office bldg., about home, street, street	in or 21c. WHERE DID (If in Baltimore City, give exact location) oto.) 1NJURY OCCUR
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK WORK WORK	
22. I hereby certify that Lattended the deceased from Ord	that I last saw the
deceased alive on 23A. SIGNATURE.	rred at Am., from the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED
TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
1000 H + + HIL	ATTORETED & CON

GREENMOUNT AVE & 22ND

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1	7							
3	2	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 12 3313						
		RTH Ng 1 5 1-211	78					
1		NAME OF DECEASED ()	old (Ivano	20	2. DATE / PA. 3. 19-2			
-	3.	PLACE OF DEATH:	on want	4. USUAL RESIDENCE (Who	DEATH Server deceased lived. If institution residence			
.		Baltimore City, Maryland	l or institution, give street address or	A. STATE	B. COUNTY before admission)			
	HO	SPITAL OR	location)	C. CITY OR TOWN /(If ou	itside corporate limits, write RURAL and give			
1	ĮN:	STITUTION JOHNS HOPKIN	NS HOSTIAL	Dactin	rore Tour PIA			
-1	1	99	Yrs.		ral, give location			
		Length of stay in Baltimore	Mos. Days	1425 /in				
		EX 6.COLOG OF RACE	7. SANGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under 1 Year II Under 24 Hours I Hours Min.			
1	n	rale Colorea						
	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BUTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?			
-	13	. FATHER'S NAME		MANAGERIC MAIDENING	45			
	13.	. FAIRING NAME		14. MOTHER'S MAIDEN NAM	7 E			
	15.	. WAS DECEASED EVER IN U. S. ARMED I	FORCES? 16. SOCIAL	rusie				
H	(Yes	, no or unknown) (If yes, give war or dates of	of service) SECURITY NO.	17. INFORMANT HOPK	ADDRESS			
-		18. 2514	CALISE	OF DEATH	INTERVAL BETWEEN			
		DISEASE OR CONDITION D		OF DEATH	ONSET AND DEATH			
1		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Ospiration 15 min						
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
		ANTECEDENT CAUSES						
	z	(B) Spartic Diploya mon						
	OF.	DISEASES OR CONDITIONS, IF		7. 10	CERTIFICATION APPROVED BY			
	< 1	UNDERLYING CONDITION LAST	(c) Pro	-alunty	and Imon			
	FIC	11			Mi. D.			
	RT	OTHER SIGNIFICANT CONDITI		L1 11.	CHIEF OR ASST. MEDICAL EXAMINER.			
1	S.	TO THE DISEASE OR CONDITION C	CAUSING IT.	may Funge	Casia			
I	기	19a. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7			
	CA	21a. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in		in Baltimore City, give exact location)			
	EDI	LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg.,					
		21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
		OF INJURY	WHILE AT NOT WHILE					
		22 I hougher contifer that T	m. WORK AT WORK	190 to ap	× 3, 19-14 that I last saw the			
22. I hereby certify that I attended the deceased from the deceased alive on 19, to 3, 19 3, that I last saw deceased alive on 19, 19, and that death occurred at 15 m., from the causes and on the date stated ab								
		23A. SUMATURE		38. ADDRESS	23C. DATE SIGNED			
		mescon	mD. M.D.		14462			
	24 TIQ	AA. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, town, or county) (State)			
	Li	Sunal 4-5-	- Jal my cull	and and	word from the			
		ATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS WY			
	4	PR 5- 1952 Thinth	mylor Viblianus his	asyon wilson	, The westing			
		VS 150MCL 64	Released to	Resitas	Centrale tobe			
11		T	1 Company N		MIE COPPIONED			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH CA 4. USUAL RESIDENCE (Where deceased lived, 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If ural, give location) Yrs. ength of stay in Baltimore Days 9. AGE (In years | If Under I Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) -6-00 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO IOHNS HOPKINS HOSPITA INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY I'neumonia, post operative LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Esophagitis - Esophago -DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. jejunos tomy OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

(If in Baltimore City, give exact location)

CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about homo, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE! AT WORK

1957 to.

19 5 2, and that death occurred at_ deceased alive on_

30 Pm., from the eauses and on the date stated above. 23c. DATE SIGNED

24c. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or gounty)

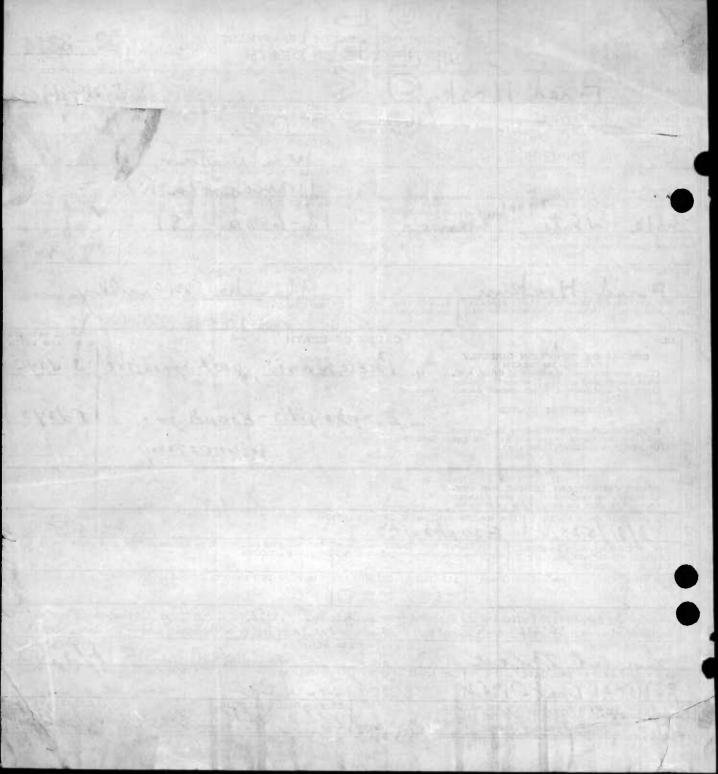
DATE RECEIVED BY

22. I hereby certify that I attended the deceased from.

DIRECTOR

ADDRESS

. 1952 that I last saw the

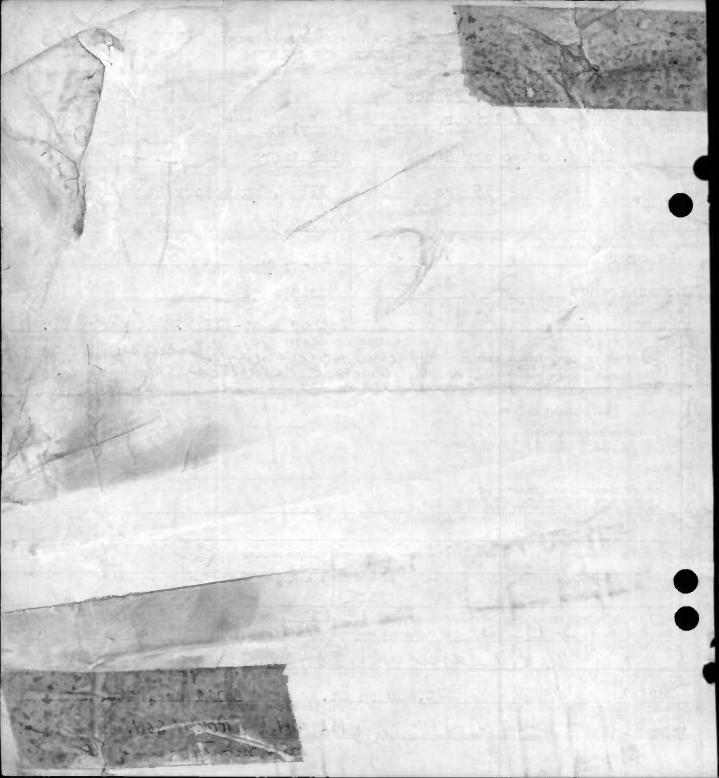


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

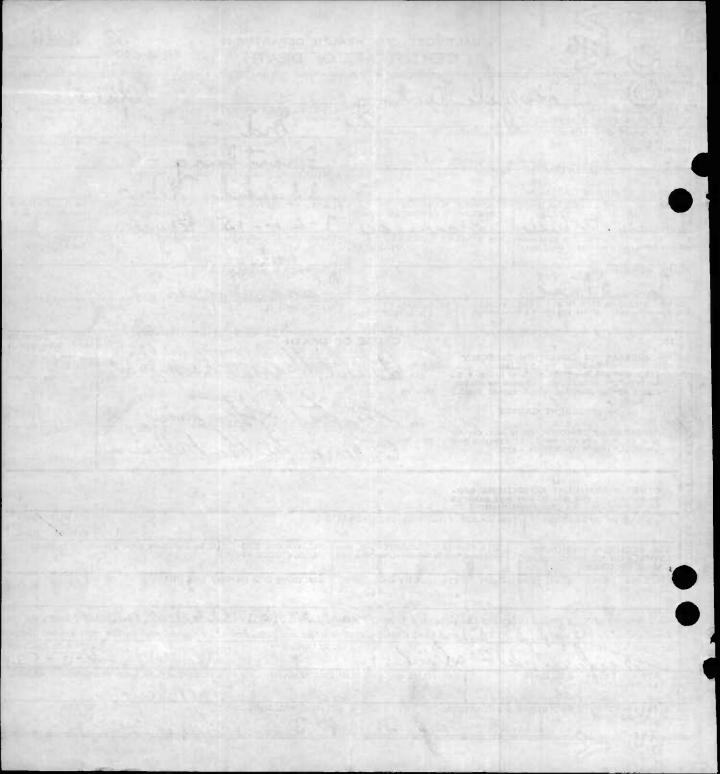
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BAHAN	8315/		CERTIFICAT	E OF DEATH	21181511111	
TYPE	OF DECEASED			THE RELIGION OF THE PARTY.	2. DATE OF	7700
2 DLAG	OF DEATH:	media	rance	4. USUAL RESIDENCE (W	DEATH 4/2/	52
		Baltimo	ore	A. STATE	B. COUNTY	before admission)
	NAME OF (If not in hospit		on, give street address or location)			D1
INSTITU	III W. Montgomery Street				outside corporate limits.	write RURAL and give township)
0-0	III W.Montg	omery		Baltimore	har har	(0), (1)
		-	Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	
c_Lengt	h of stay in Baltimore	I5 Y	TS Days		mery Street	
X	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H U last birthday) Mon	ths: Days Hours: Min.
M	C		W	8/6/1865	86	
Work done dur	AL OCCUPATION (Give kind of ing most of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	orer			Maryland		WILL COOKINT
	ER'S NAME			14. MOTHER'S MAIDEN NA	AME	
Thoma	s France			Maria ?		
15. WAS 1	ECEASED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
unkno		s of service)	None	Esther Bone-II	I W.Montgom	one St
				OF DEATH	. 10	INTERVAL BETWEEN
	592× 1		CAUSE	of DEPIH to C. V.	. Desease	ONSET AND DEATH
	DISÉASE OR CONDITION LEADING TO DEA	TH	my marga	overect des of		
(T)	his does not mean the mode of art failure, asthenia, etc. It mes	of dying, e. g	s., '(A)	our regented		
	ury or complication which					
	ANTECEDENT CAUS	SES				
Z			(B)		***************************************	······
E RIS	SEASES OR CONDITIONS, I SE TO THE ABOVE CAUSE (A)	STATING TH	IG E OUE TO			
A UI	NDERLYING CONDITION LA	AST.				TI 70 1803
TIFICATION			(C)			100
F 01	II THER SIGNIFICANT COND	ITIONS CON				
山 TR	IBUTING TO THE DEATH, BUT	NOT RELATE	.0			
	THE DISEASE OR CONDITION		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL AL					Take III	YES NO
U 21A.	ACCIDENT, SUICIDE,	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID ()	If in Baltimore City, gi	
<u>О</u> 21A. /	CIDE (Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
210.	TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
OF IN	IJURY)		WHILE AT NOT WHILE			
		m.	WORK AT WORK	. ~	1 3	
	hereby certify that I att	tended the	deceased from	, 10		that I last saw the
	deceased alive on 3-17, 19\$2, and that death occurred at 12/5P, m., from the causes and on the date stated above.					
23A.	SIGNATURE W. X	Wes	yeu M.D.	834-S. She	augo St.	4-3-52
24A. BU	RIAL, CREMA- 248 DATE OVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 240 L	OCATION (City, town, o	or county) . (State)
Bur			Mt. Auburn	Ct. Par	timore.City	A man to some in
DATE RE	CEIVED BY REGISTRAR	SSIGNATU		25. FUNERAL DIRECTOR	The Control of the Co	ADDRESS
LOCAL I	REGISTRAR	1: da	- William	TO CAYATA 1 PP	OWN SON	
1000	5-1117 The	tington	PY LOUIS	HANTHER INC.	2011'S	
11	150	- 10		the first of the f	THE RESERVE TO SHARE THE PARTY OF THE PARTY	

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3316 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, f institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION BOHNS HOPKINS HOSPITAL (If rural give location) Yrs. Mos. ength of stay in Baltimore Days 6 COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years | if Under | Year | if Under 24 Hours | last birthday) | Months; Days | Hours | Min. WEDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME N S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ne or unknown) (If yes, give wer or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 4101 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO FICATI UNDERLYING CONDITION LAST. RTI ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 1 DICA (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from har. 21, 1952 to 19 that I last saw the m., from the causes and on the date stated above. and that death occurred at 11 # deceased alive on 19.4 23A. SIGNATURE HOPKINS HOSPITAL JOHNS 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) 24B. DATE Upr 6 1952 Jemorral DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 5 -VS 150

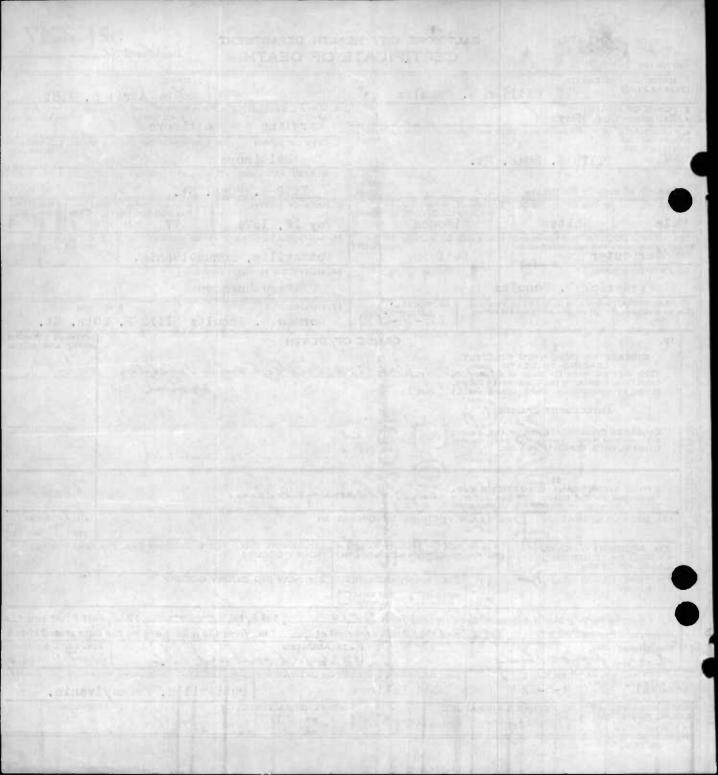


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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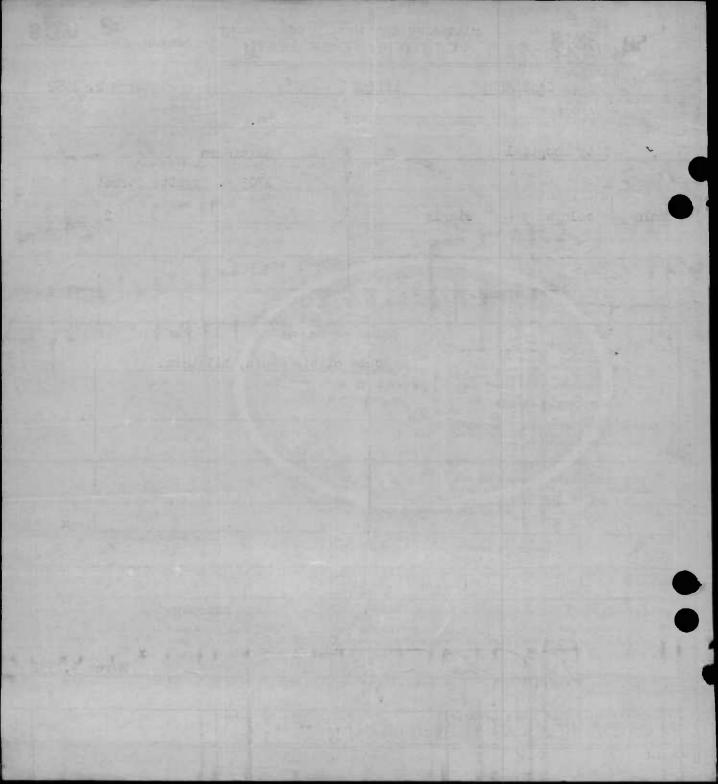
Registered No.

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	0 1 31		2. DATE OF				
william n.	Schultz		DEATH Apri				
s. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission Baltimore					
B. FULL NAME OF (If not in hospital or institu	tion, give street address or location)	c. CITY OR TOWN		, write RURAL and give			
INSTITUTION TITE E 20th St		Balti	4	(township)			
III8 E. 20th. St.	Yrs.		SS (If rural, give location)	- 0			
anoth of stay in Politimone	Mos.						
ength of stay in Baltimore [A	E. MARRIED.	8. DATE OF BIRTH	20th. St. 9. AGE (In years)	Under 1 Year If Under 24 Hours			
	E. MARRIED, WED, DIVORCED (Specify)	May 28, I8	last birthday) Mor	nths Days Hours Min.			
	D OF BUSINESS OR		state or foreign country)	12. CITIZEN OF			
work done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY			
Carpenter 13. FATHER'S NAME	Building	14. MOTHER'S MA	, Pennsylvania.				
	V -						
Frederick W. Schultz			Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 165-18-3510	17. INFORMANT		DDRESS			
No	165-18-3510	Norman W.	Schultz III8 E.	20th. St.			
18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY		,		2			
(This does not mean the mode of dying, e.	· Certeris	sclerate (andis Viscular				
heart failure, asthenia, etc. It means the disea	se,	······································	Demad	***************************************			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
O DISEASES OR CONDITIONS, IF ANY, GIVE	DISFASES OF CONDITIONS IF ANY CIVING						
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO THE DEATH, BUT NOT RELATED.	(C)						
L II							
OTHER SIGNIFICANT CONDITIONS CO		enino Pari		7			
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING			,				
19A. DATE OF OPERATION 19B. MAJOI	R FINDINGS OF OPER	ATION		20. AUTOPSY?			
AL				YES NO			
	ACE OF INJURY (e. g., I , farm, factory, street, office bldg.,			rive exact location)			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?				
OF INJURY	WHILE AT NOT WHILE						
m.	WORK L AT WORK						
22. I hereby certify that I attended the							
deccased alive on Oct . 0 , 1966		rrea atm.	from the causes and on th				
23A SIGNATURE ROS Hins	2	3B. ADDRESS	whard Is	and S. 1952			
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City, town,	or county) (State)			
Removal (Specify) 4-5-52	Odd Fellows	DE A ME	Pottsville, Penns	ylvania.			
	YRE.	25. FUNERAL DIR	EGTOR (1)	ADDRESS			
LOCAL REGISTRAR Huntington	Vobliages	Hom Jornich	True 1217 St. (/2.	el IX.			
APP 6 - 1052		WILL SOUNTS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. J. V.			



340 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF OECEASED OF (Type or Print) DEATH March 2, CASSANDRA LITTLE 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF OEATH: B. COUNTY before admission) A STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION City Hospital Baltimore Yrs. D. STREET AODRESS (If rural, give location Mos. 1703 W. Fayette Street c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours Min. Il Under 24 Hours 7. SINGLE, MARRIEO, WIOOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6. COLOR DR RACE single male colored 11. BIRTHPLACE (State or foreign country) 108, KINO OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute otitis media, bilateral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ATI UNDERLYING CONDITION LAST. RTIFIC FF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 20. AUTOPSY U 198. MAJOR FINOINGS OF OPERATION 19A. OATE OF OPERATION YES X EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. UTING [CAUSE OF OEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK AT WORK I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry, the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subsetential \). Suicide \(\subsetential \), homicide \(\subsetential \) undetermined \(\subsetential \). 22. I certify that I took charge of the remains described above, held an . X | 23c, OATE SIGNED 23B. CHIEF MEDICAL EXAMINER ... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER March MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMAS TION, REMOVAL (Specify) 24B, OATE 52 Whitehold 21 25. FUNERAL OIRECTOR AOORESS OATE RECEIVED BY REGISTRAR'S SIGNATURE

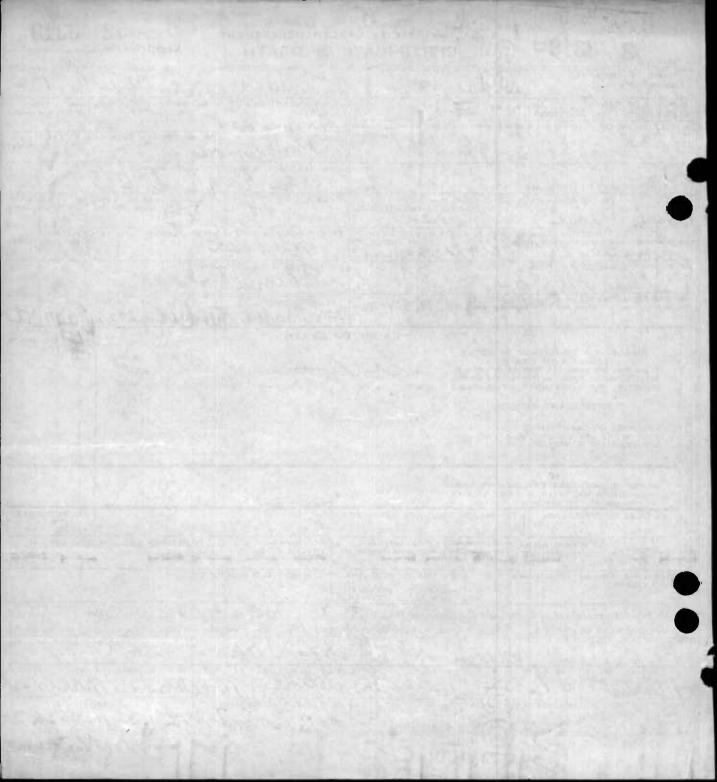
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	BALTIMORE CITY H	IEALTH DEPARTMENT	52	3319
		E OF DEATH	Registered No_	
	NAME OF DECEASED // / /	01	0.0475	- : 0 -
(T)	pe or Print) Jelda Glypil	Steinberg	OF DEATH OF	5,1952
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If inst	itution : residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address of spiral OR flocation STITUTION		itside corporate limits, w	
A	1. 2026 lagre som	12 alterror	2 20-	township)
c.	Yrs. Mos. Length of stay in Baltimore 45 Mps. Days	2021 400	lo Street	
	EX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH	9. AGE (In years ff lade last birthday) Month	or I Year If Under 24 Hours s: Days Hours: Min.
10	male white mained	1000	63	
	A. USUAL OCCUPATION (Give kind of downwaring most of working life, even if retired) WHULLIFE OWN MANUEL OWN MANUEL	Y 11. BIRTHPLACE (State or fore	ign country) 12	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME .	
	Ellis Darbus	Miherca		
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	- ADDI	RESPORT CH
-		1110 - Shooper Oll	nevy - 2026	bugge si
	18. 194X CAUSE	OF DEATH	U	ONS T AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D		
	(This does not mean the mode of dying, e.g.,	kingua of	Chypord	240
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO	Y		
	ANTECEDENT CAUSES	d		Term broke
z	(8)	rose	***************************************	
NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
 4	UNDERLYING CONDITION LAST. (C)	none	********************************	
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RTI	OTHER SIGNIFICANT CONDITIONS CON-			
HE I	TRIBUTING TO THE DEATH, BUT NOT RELATED	ne		
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
A	TOTAL DATE OF OF ENATION OF THE STATE OF THE			YES NO E
()	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g.		in Baltimore City, give	
MEDI	LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg	.,etc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	Control of the Contro	OCCUR?	
	m. WHILE AT NOT WHIL	, [
	22. I hereby certify that I attended the deceased from	4/3 , 150, to 4	1 , 19524	hat I last saw the
	deceased alive on 4/5, 195 and that death occur	urred at 39 m., from the	causes and on the	
	23A. SIGNATURE	23B. ADDRESS /		3c. DATE SIGNED
	Benjains Weller M.O.	1080 Wellers	, cur	7(8/m
71S	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	nterior 240 900	CATION (City, town, or	MALLA ALL
D/	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. UNERAL BIRECTOR	CONTROL /	DDRESS
	CAL REGISTRAR	1 6 801 7	1/19m	12/2/7/
	The town Vity areas Winds	A SOUTH A STANDARD AND A STANDARD A STANDARD AND A STANDARD AND A STANDARD AND A STANDARD AND A	1 / Januar - 11	24. 20 00
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BALTIMORE CITY HEALTH DEPARTMENT 3320 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Hamilton Mande (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence S. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Tranklin Souare Hospila township) allemore D. STREET ADDRESS (If rural, give location) Yrs. Mos. + ulton c. Length of stay in Baltimore Days If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) I II Under 24 Hours 5. SEX last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR WHAT FOUNTRY? INDUSTRY Housework 14 8. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elisabeth sugars 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. IN FORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL RETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Mremia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Vephrosclerosis Asteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 4 (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT WORK that I last saw the 22. I hereby certify that I attended the deceased from. urred at _____m., from the causes and on the date stated above. 1920 and that death occurred at_ deceased alive on___ 234 SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24A BURIAL, CREMA-24D ADDRESS REGISTRARYS SIGNATURE 25. FUNERAL DIRECTO DATE RECEIVED BY LOCAL REGISTRAR

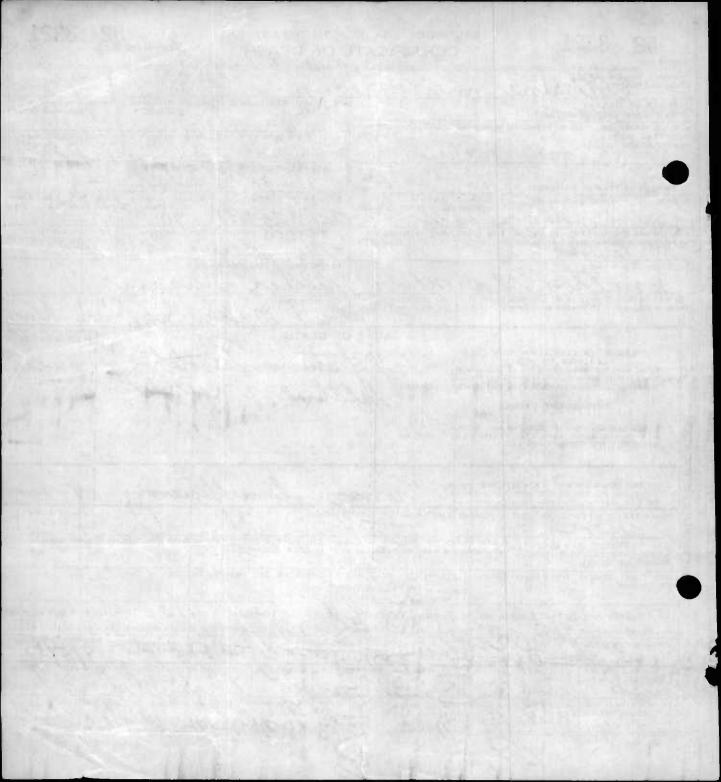
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DATE RECEIVED BY LOCAL REGISTRAR

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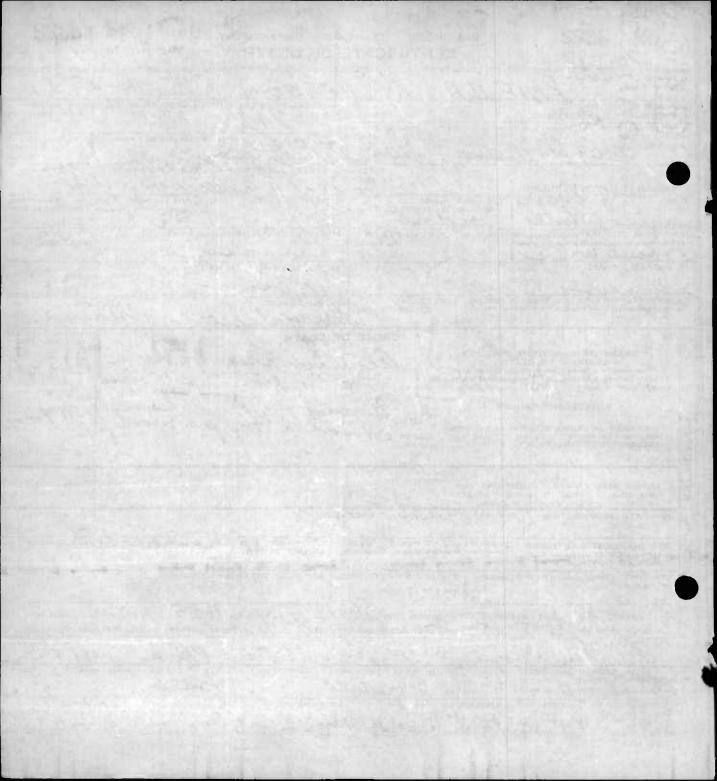


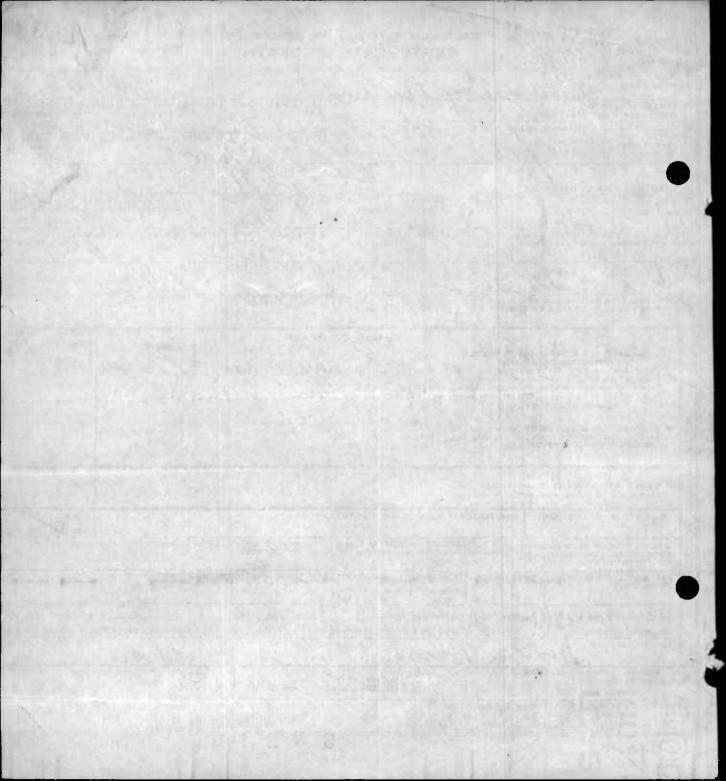
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. COY OR TOWN INSTITUTION amore D. STREET ADDRESS (If rural, give location) Yrs. MOS. c. Length of stay in Baltimore Davs 9. AGE (In years | Months Days | Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH I If Under 24 Hours 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) 10A_UŞUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY ocese wise us suel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 1948 . 195 that I last saw the Im., from the causes and on the date stated above. deceased alive on 4-5 195 and that death occurred at 23c. DATE SIGNED 23A. SIGNATURE 2201 towar 24A. BORIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE ozeda 125. FUNERAL DIRECTOR AODRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

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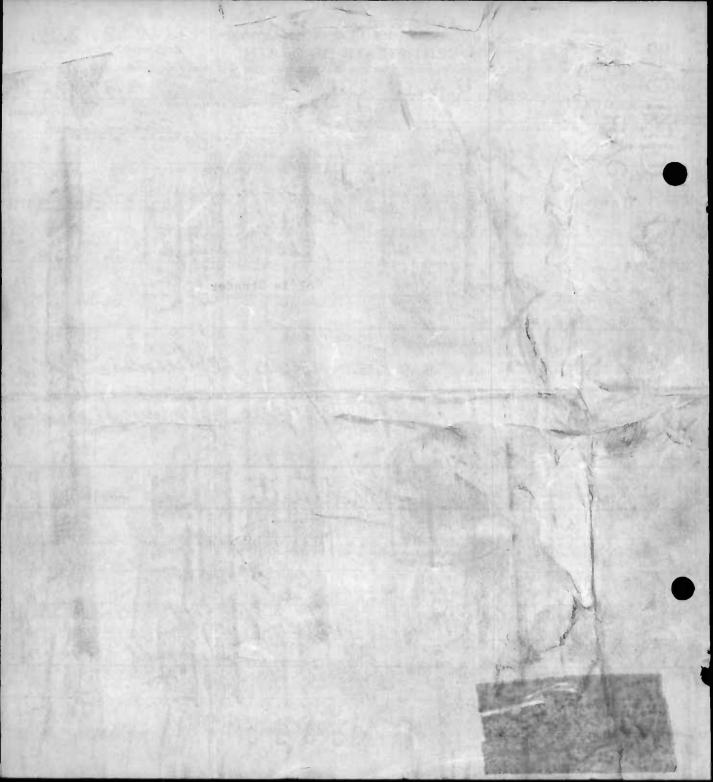


BALTIMORE CITY HEALTH CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE Where deceased lived. If institution: residence 3. PLACE OF DEATH A. STATE COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rarel, give location) Mos. Days c. Length of stay in Baltimore 9. AGE (In years | M Under | Year | M Under 24 Hours | last birthday | Months Days | Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR MACE 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Giv kindel 108, KIND OF BUSINESS OR BRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARM D FORCES? Yes, no or unknown) (11 cs. give was or daily of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of cying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) BYATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OSGURT OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 19 Mathat I just saw the Am., from the causes and on the date stated above. , and that death occurred at deceased alive on_ 19 238. ADDRESS 236. DATE, SIGNED 23A, SIGNATURE (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 25, FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

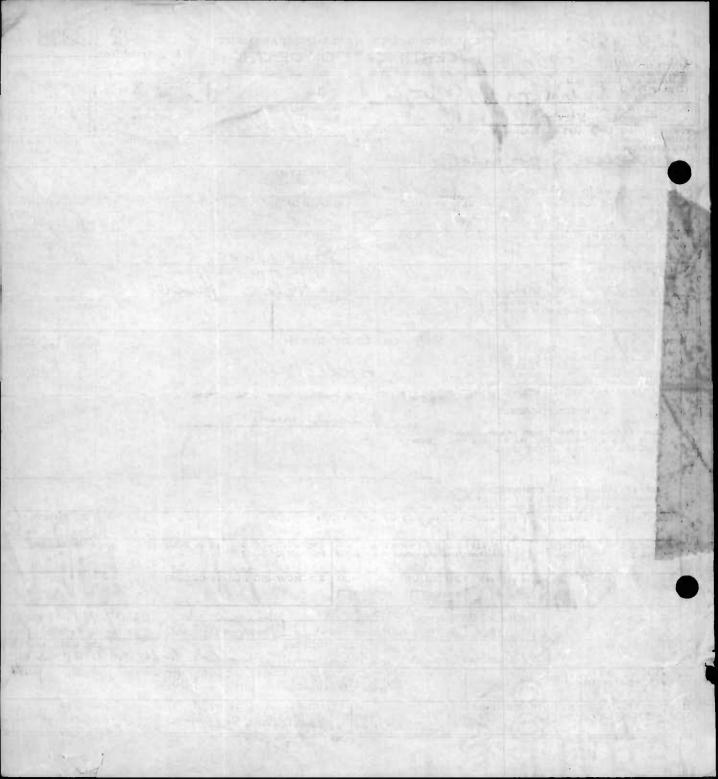
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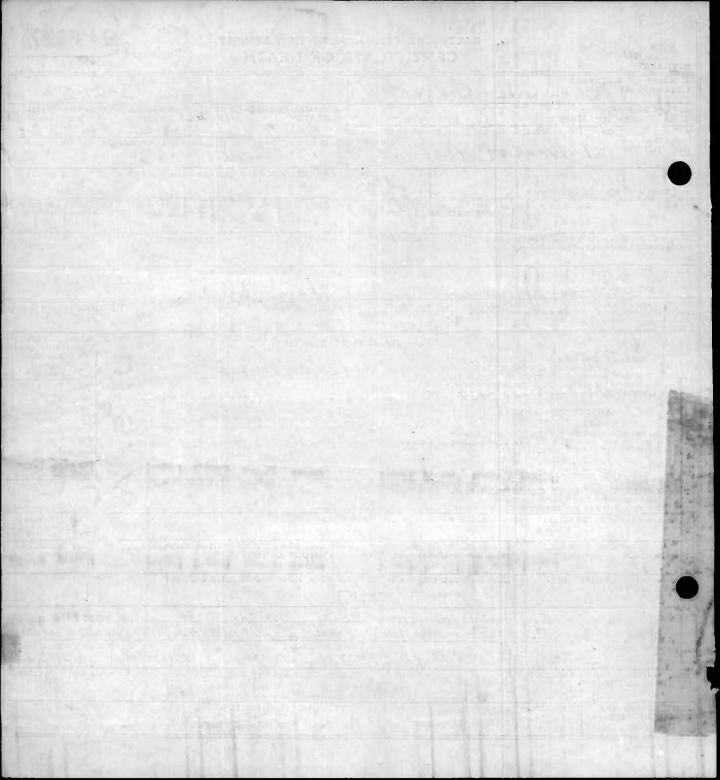


BALTIMORE CITY HEALTH DEPARTMENT SPECIAL STREET ST	25				
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 3. PLACE OF DEATH: 1. NAME OF DECEASED (Type or Print) 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. 14. 19 1. USUAL RESIDENCE (Where deceased lived. If instruction: re	C3				
(Type or Print) MOORE (Bally gul) OF 3.14.19 3. PLACE OF DEATH: (Type or Print) OF 3.14.19	C				
	3 <				
A. Baltimore City, Maryland					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Leval Hospital CCITY OR TOWN (If outside corporate limit, write RURA)	L and give township)				
Yrs. D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days 1322 Consequent Que					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 3. 7, 1952 9. AGE (In years last birthday) Months: Days House 1 (Specify) 2 7	Under 24 Hours ours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTY WHAT C	OF COUNTRY?				
13. FATHER'S NAME					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yos, give war or dates of service)					
heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-					
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22. I hereby certify that I attended the deceased from 3 7, 1952 to 3, 14, 1952 that I las	t saw the				
B / hohres & 3.14	ted above. E SIGNED 1952.				
24A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county)					
TION, REMOVAL (Specify) MAR 1 9 1952	(State)				
	(State)				

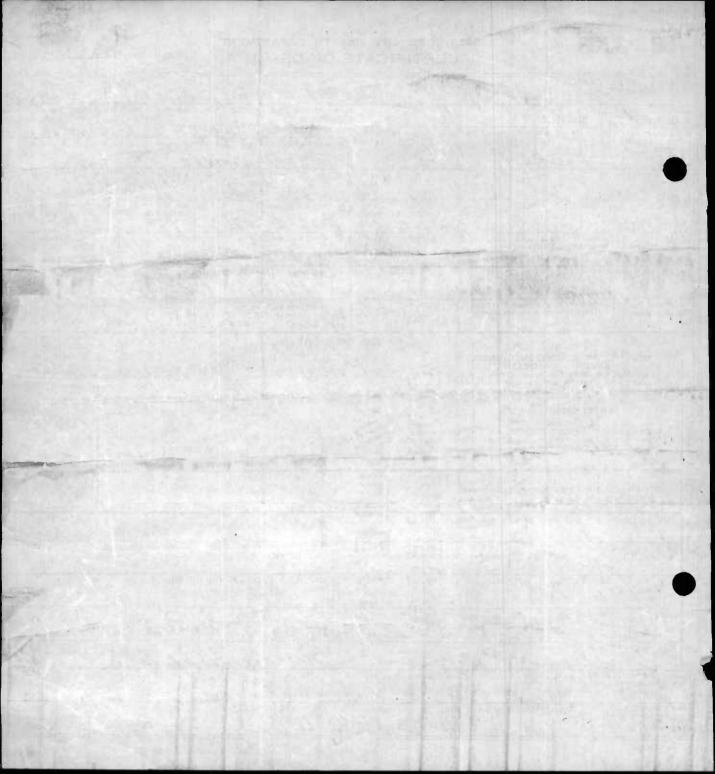


	52 3326 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered M					
	1. NAME OF DEGRASED (Type or Print) Baly Girl Guyn A 3. PLACE OF DEATH:	2. DATE OF 3 - 2 DEATH 3 - 4. USUAL RESIDENCE TWASTE deceased lived, If in	21-52			
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	613NGILMOREST.B.	Jefore admission)			
	HOSPITAL OR location) Library Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
-	c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)				
o cario	5, SEX 6. COLOR OR RACE 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3-21-52	nder I Year H Under 24 Hours ths: Days Hours Min.			
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COLON	THE S NAME	14. MOTHER'S MAIDEN NAME				
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The state of the s	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	INTERVAL BETWEEN ONSET AND DEATH				
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a voda	218. PLACE OF INJURY (e. g., i HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., d		ve exact location)			
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and of		rred at 16 m., from the causes and on the 23B. ADDRESS	3-2/-52			
	24A. BURIAL, CREMA, 24B. DATE TION, REMOVAL (Specify)	RY MEDICAL SCHOOL MAR 20 T 1952 ity, town, o	r county) (State)			
1	LOSAN REGISTRATE HILLIAM WILLIAMS	Jennissioner of Heal.	ADDRESS			
	VS 150	C P. T. L.	Visit Harris			





Sister Mary Pascal Flynn, R. S. M. BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY /_ (Before admission) (If not in hospital or institution, give street address or) RPHAWAGE B. FULL NAME OF INCENT location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION LTIMIORE D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year | Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours : Min. SINGLE 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even If retired) WHAT COUNTRY? INDUSTRY De 1161045 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or nnknown) | (If yes, give war or dates of service) SECURITY NO. INTERVAL CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYOCARDIAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, CORONARY Occhusion injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PNEUNIONITIS RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING INFECTION RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE AT WORK , 1952, that I last saw the 22. I hereby certify that Lattended the deceased from 1952 and that death occurred at 6 A.m., from the causes and on the date stated above. deceased alive on... 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Mt. St. Agnes Convent Mount Washington ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR VS 150

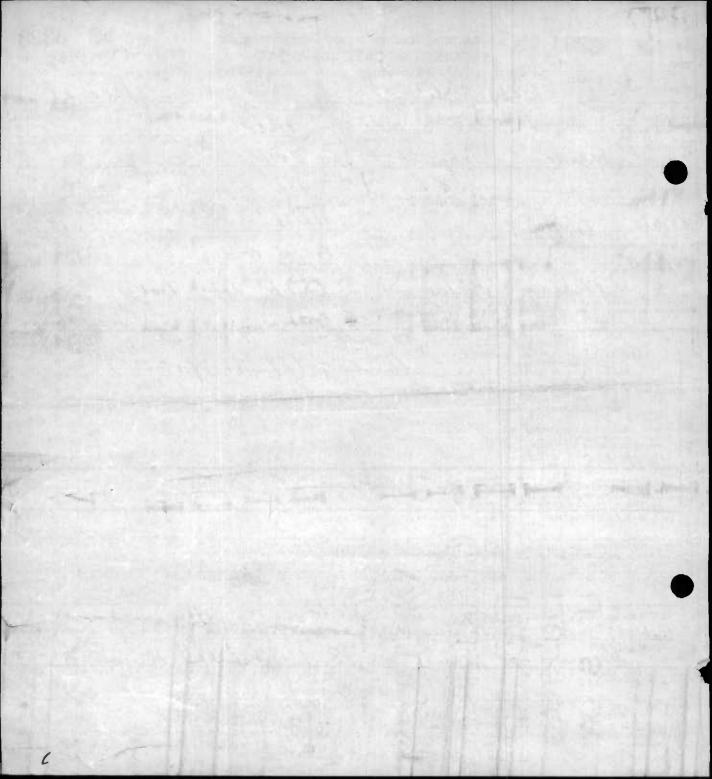


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		E OF DEATH Registered N	52 3329			
	NAME OF DECEASED Baby Miles I	2. DATE OF DEATH 3/2	1/52			
11_	B. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i A. STATE B. COUNTY	nstitution : residence before admission			
1 1	FULL NAME OF (If not in hospital or institution, give street address or location NSTITUTION Hospital		, write RURAL and giv township			
	Length of stay in Baltimore 8 km Ms. Days	1	16			
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/21/52 9. AGE (In years last birthday) More	Under I Year II Under 24 Hours hths Days Hours: Min.			
	OA. USUAL OCCUPATION (Give kind of retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Balto, Md.	12. CITIZEN OF WHAT COUNTRY			
	3. FATHER'S NAME Nelson miles	Carrie Let Coullas				
0	5. WAS DECEASED EVER IN U. S. ARMED FORCES? ea, no or unknown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO.		ce above			
NOTE	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	OF DEATH Sanity (24 weeks ges tation)	INTERVAL BETWEEN ONSET AND DEATH			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
IAC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?			
	2 1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) LYING DEATH 2 1B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! The state of					
	deceased alive on 1912, and that death occur	1 30	that I last saw the date stated above			
	Monno W. Herris M.D.	238. ADDRESS 1824 W. French. St	23c. DATE SIGNED 3-21-52			
4		ERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)			

DATE RECEIVED BY LOCAL REGISTRAR APR 6-1952 VS 150 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR OF HEAD

ADDRESS



4	20					
ВІ	50 0000	CATE OF DEATH Registered No. 3330				
	NAME OF DECEASED Baby Boy	oniles I 2. DATE OF DEATH 3/21/52				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
HC	FULL NAME OF (If not in hospital or institution, give street add loc STITUTION Hospital	dress or cation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
c.	Length of stay in Baltimore 4 Rus.	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 904 Edmondson Aue.				
5.	Thate bego 7. SINGLE, MARRIED. WIDOWED, DIVORCED ((Specify) 8. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months: Days Hours Min.				
	A. USUAL OCCUPATION drive kind of today and today and today of working life, even if retired) INDU	OR USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15	nekon miles	Carrie Lee Gallop				
	WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY	NO. 17. INFORMANT ADDRESS Les above				
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CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION					
MEDICAL	CAUSE OF DEATH					
Ž		CCURRED 21F, HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from deceased alive on 3/2/ , 1952. and that death	-41				

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

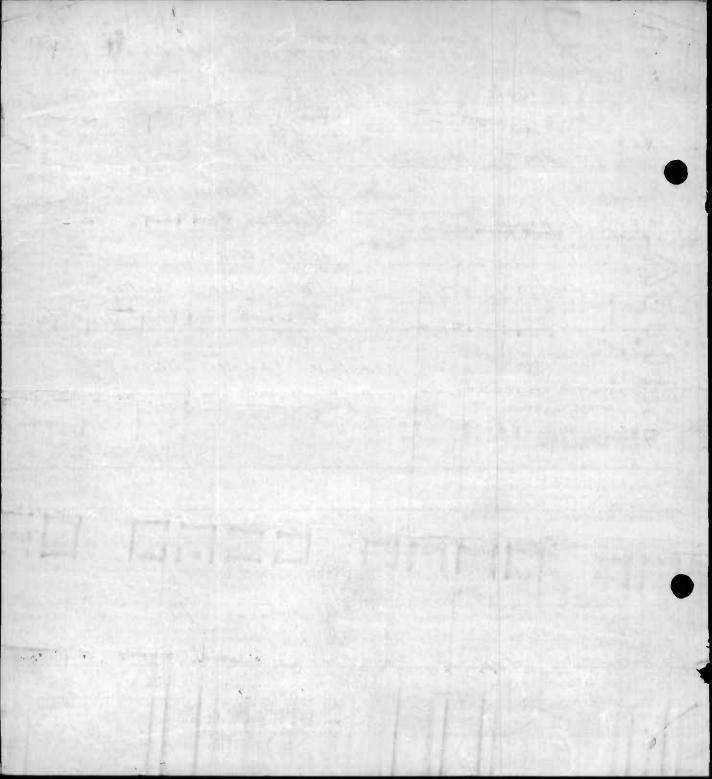
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24B. DATE

ADDRESS

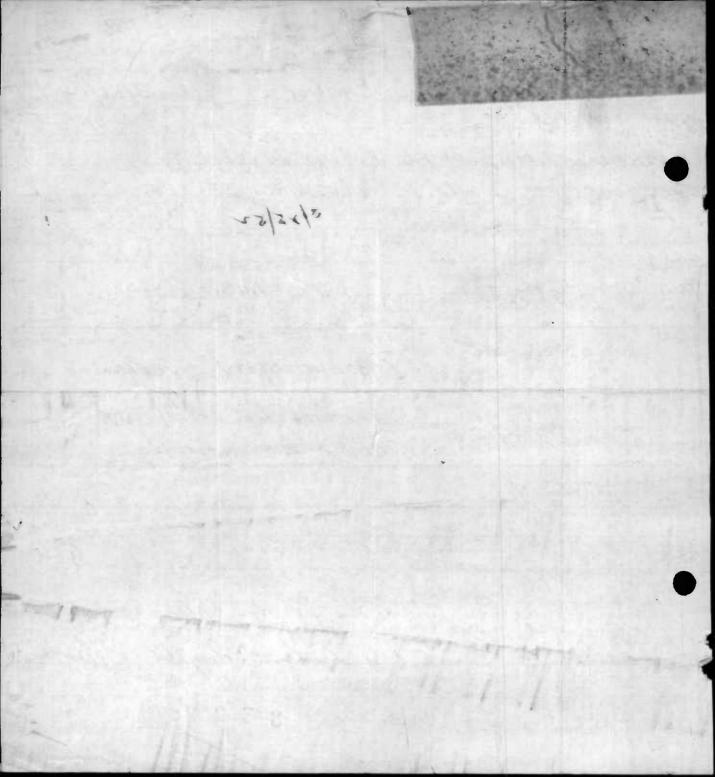
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BALTIMORE CITY HEALTH DEPARTMENT

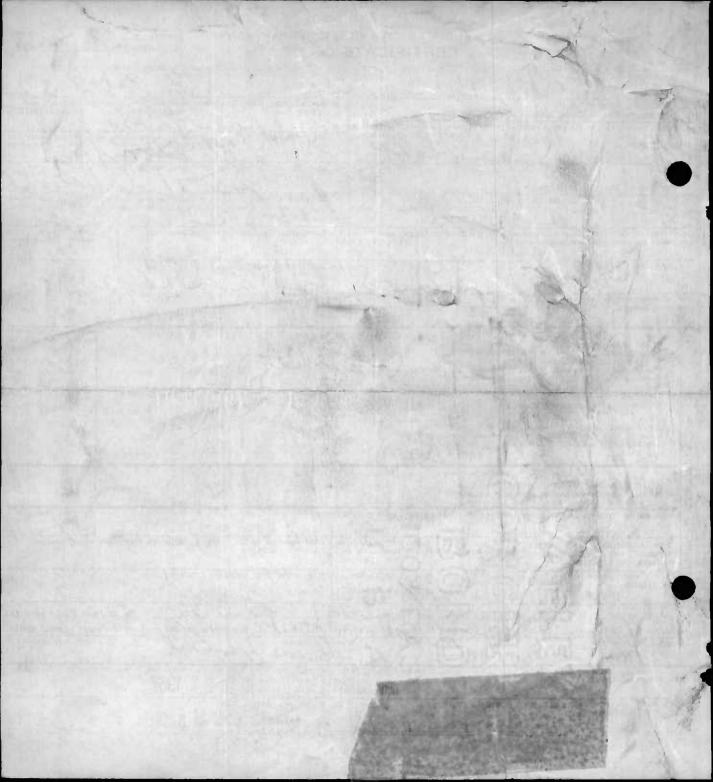
Registered No.

BIRTH NO 7 2 -6.7015 CERTIFICAT	E OF DEATH				
	PARSICI 2. DATE OF DEATH 3/25/50				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
OTHERAN HOSP. OF MD. INC. Yrs. Mos.	3 TRACT ADDRESS (If rural, give location)				
d. Length of stay in Baltimore LIFE Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours				
WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	Y 11. BIRTHPLACE (State or foreign country) MD 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
PAULEDWIN CARSKI	EUNICE MARIE TAYLOR				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) PREPARTURITY SSL SRAM DUE TO (B) PREPARTURITY SSL SRAM DUE TO (C) PRESCLAMPSIA IN MOTHER OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg					
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from deceased alive on 3/2, 19 19 and that death occur					
23A. SIGNATURE G. PARRAY M.D.	236. ADDRESS Littleran Hornitol 3/26/8				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	PKINS MEDICAL SCHOOL MAR 3 1 1952 (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR APR 6-1952 Huntington Williams, 15	25. FUNERAL DIRECTOR ADDRESS				
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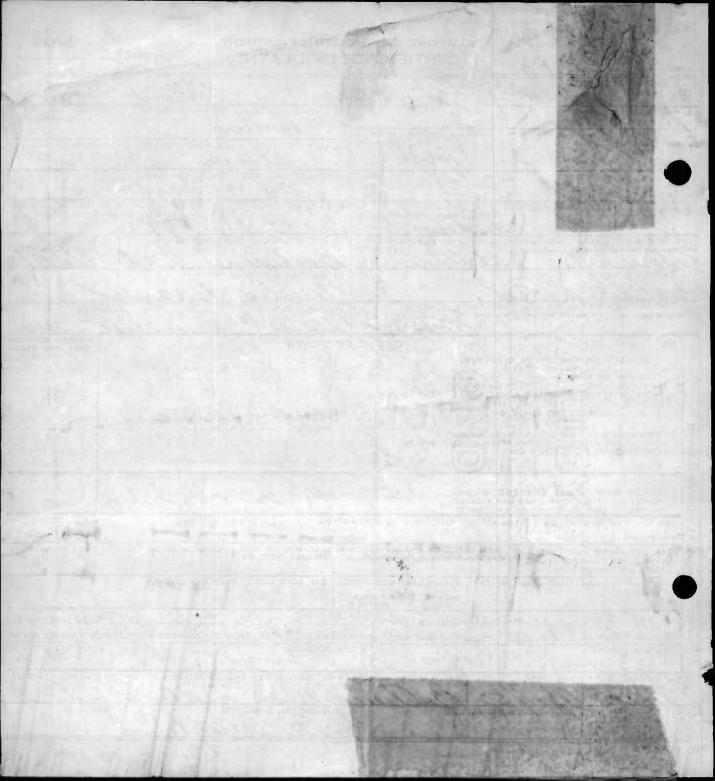




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	NAME OF D	ECEACI	0613	4 ()	10/10	10			2. DATE		
	ype or Print)	ECEASI	1 Tal	y L	ist /	ple	Ed		OF DEATH	- 22	7-52
-	Baltimore (City, M		11		A	STATE RESID	ENCE (Whe	ere deceased lived B. COUNTY		on: residence efore admission)
	FULL NAME	OF (If not n hospit	al or institu	tion, give street ad		CITY OF TOWN	Male	dide corporate li	2	FIDAY di
	ISTITUTION	0	110	4 1	12019	0.	CITY OR TOW	1.5/1/2	Sold Constants	write it	township)
71			7000		0	Yrs. D	STREET ADDR	ESS (If ry	ral, give logation)	01	
G.	Length of s	tav in	Baltimore			Mos. Days	4	2/0	9/ (ALN	el II
	SEX		OR OR RACE		E. MARRIED.	B.	DATE OF BIRT	H 9	9. AGE (in years	If Under 1 Year	If Under 24 Hours
	7		W	WIDO	WED, DIVORCED	(Specify)	1-22-	52	last birthday)	Months: Day	Hours Min.
	A. USUAL OC			10B. KIN	D OF BUSINESS	OR 11	. BIRTHPLACE (State or fore	ign country)		IZEN OF AT COUNTRY?
		n working	110,010011100/		1140		1		0	Wil	AT COOMING
13	FATHER'S	NAME	2 0 3		590	14	MOTHER'S M	AIDENNAM	AE /		
	1	141	1 /1 /	1) / lea	ex	Char	led	e Lo	all.	1
	. WAS OECEASI		IN U. S. ARMER		16. SOCIAL	17	. INFORMANT		1/1	ADDRESS	
120	L DO O GUILDOWA)	(30	, give was or date	4 01 201 1200)	SECURITY	NO.			(/		
	18. 77/	V		500	CA	USE OF	DEATH				RVAL BETWEEN
		SE OR	CONDITION	DIRECTLY			1			ONS	ET AND DEATH
	(This does	LEAD!	an the mode of	TH of dving, e.	g., (A)	mi	naturity				
	heart failu	re, asthe	nia, etc. It mea	ns the disea	se,			***************************************			
	angury or				m., DOE 10						
_	ANTECEDENT CAUSES					-					
0			ONDITIONS, I		NG	***************	•••••	***************************************	*************		
F			VE CAUSE (A) ONDITION LA		HE DUE TO						
Ď.					(C)		***************************************				
1			Ú				ESTIMATE.				
ERTIFICATION			CANT CONDI							100	
Ü			OR CONDITION								
٦	19A. DATE C	F OPE	RATION 1	98. MAJOR	R FINDINGS OF	OPERAT	ION				AUTOPSY?
CA				l ote Di	ACE OF INTURY		21c. WHERE I	DID (III	in Baltimore Cit	YE CIVE OFFI	
EDICAL		R CONT	AS UNDER RIBUTING		ACE OF INJURY farm, factory, street, of		INJURY OCCU		in Daitimore Cit	y, give exac	y location)
Σ		(Month)	(Day) (Year)	(Hour)	21E. INJURY O	CCURRED	21F. HOW DIE	D INJURY	OCCUR?		
	OF INJURY			m.		T WHILE					
	24 / Laure		C. 41 -4 7 -44	^		11 1	2 15	7, 103	22 11	52.4	I last saw the
	deceased a		7 - 1 7/		e deceased from and that death				causes and or	the date	etated above
	234. SIGNA		0	1, 199 1	dha that death	238		1/-	Lauses and or		DATE SIGNED
	With	w.	J. 11 10	Mock	~ M	. D. A	inve!	400/	eral		
24	4A. BURIAL.	CREMA-	24B. DATE				OR CREMATORY	24D. LOC	CATION (City, to	wn, or count	y) (State)
110	UR, KEMUVAL (S	pecity)	Kerning.	11/16	E JOH	IN HOPKINS	WEDICAL SCHOOL	MAR 2	7 1952		
	ATE RECEIVE		REGISTRAR	S SIGNAT	URE	25	FUNERAL DI	RECTOR	0 TY)	ADDRE	ss
1	APR 6 - 1	Q .	3.011 m	30200	. I n	4	TANKET TO	PRAINER (or Health		
=	VS 150	A CAPA				Y TR	3 0 0	N W 1	-		
	49 150		1 No. 1			523	•	1-11-12			
		2	2 6-3-40 4	47.	A . S mark affer						
						STREET, SQUARE, SQUARE					The same of the sa



620.	
BALTIMORE CITY HEALTH DEPARTMENT	52 3334
CERTIFICATE OF DEATH	Registered No
	2. DATE OF UEATH 4-4-52
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	re deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR (If our found of the f	tside corporate limits, write RURAL and give
merersly toptal Baltimore	20-02 township)
11 Mos. 2301 W.	cal, give location)
5. SEX 6. COLOR OF RACE 7. SUNGLE MARRIED? 8. DATE OF BIRTH SUNGLE MARRIED. 8. DATE OF BIRTH SUNGLE MARRIED.	la birthday) Months; Days Hours; Min.
1- Widowsd Van. 4-1873	229
10. USUAL OCCUPATION (Givekinder 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of forei NDUSTRY)	ign country) 12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	E)
goten Black (levelea &	rager
(Yes, no or unknown) (If yes, give war or dates of service) 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NFORMANT SECURI	ADDRESS Salve
18. 002 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	neres
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	
ANTECEDENT CAUSES / Luly losis on	Market in)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO DUE TO	
A CHEEKETHO CONDITION EAST.	
OTHER SIGNIFICANT CONDITIONS CON- bubty loby hopein the TRIBUTING TO THE DEATH, BUT NOT RELATED to THE DISEASE OR CONDITION CAUSING IT.	Invition
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH (If i	in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY	DCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3-20, 19540 4	, 1957 that I last saw the
deceased aftire on 4 4, 1952, and that death occurred at 6:40 Pm., from the	causes and on the date stated above. 23ç DATE SIGNED
Tronus dages M.D. University	P14. 7-4-52
240 BURIAL, CREMA- 24B. DAYE 14C. NAME OF CEMETERY OR CREMATORY 24D. LOG	ATION (City, town, or county) (State)
DATE RECEIVED BY DEGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS
APR 6-1952 Tuntinator Williams 1504 Billistaci	1 racel
VS 150.	900 Entant Religi



deceased alive on April 4

19 52, and that death occurred at 8:00a m., from the causes and on the date stated above.

23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street

23A. SIGNATURE

24B. DATE

24d NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county)

TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

Druid Ridge

Baltimore

-James L. McCully - I30 E. Fort Ave.

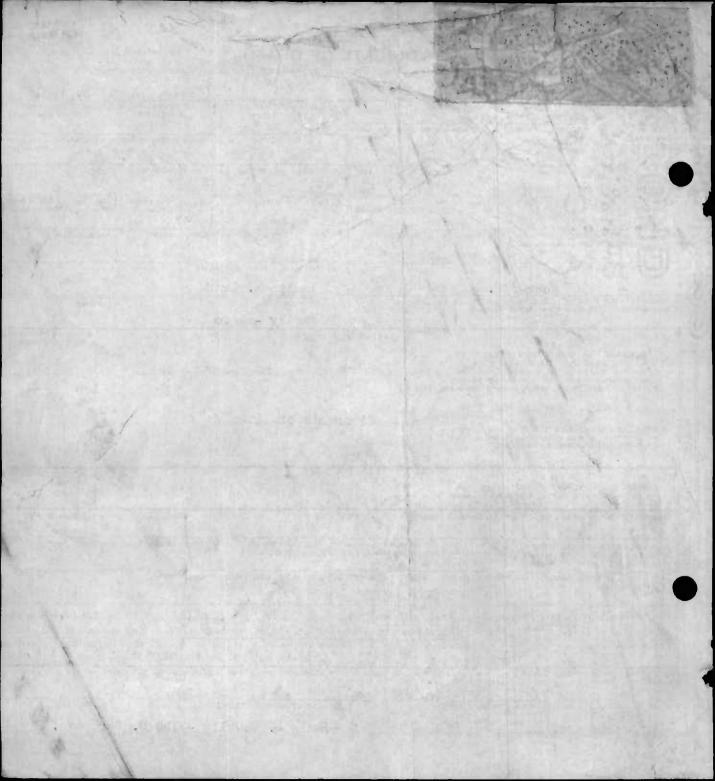
LOCAL REGISTRAR

24A. BURIAL, CREMA-

25. FUNERAL DIRECTOR

ADDRESS

VS 150

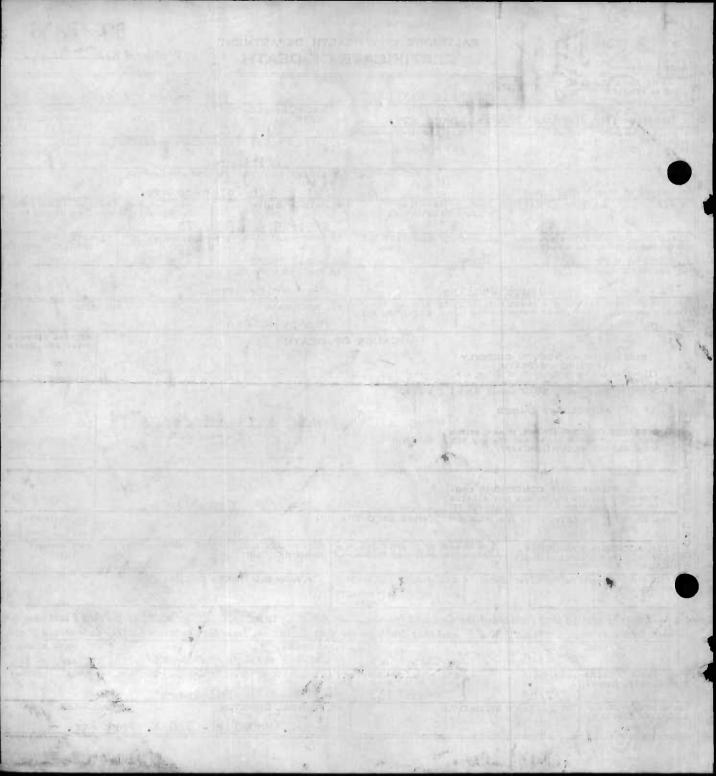


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3336

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CARRIE WAKELAND	2. DATE OF DEATH 4/4/52
3. PLACE OF DEATH: A. Baltimore City, Maryland 528 Patapsco Ave. B. FULL NAME OF (If not in hospital or institution, give street address location) INSTITUTION	A. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission
C. Length of stay in Baltimore Yrs Mos Day	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Processing of the Color o	8. DATE OF BIRTH 9. AGE (In years lit Under 1 Year last birthday) Months: Days Hours Min. 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) Baltimore 14. MOTHER'S MAIDEN NAME
August Schline 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Margurite Appel
No	Family - Same
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	ypertensià carris-vasc 12 mbs
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO L
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g about home, farm, factory, street, pffice bldg CAUSE OF DEATH	, in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT WORK	LECT
deceased alive on 4.195°, and that death occ 23A. SIGNATURE Philips & Kerolin M. O.	urred at 2 3 a.m., from the cluses and on the date stated above 238. ADDRESS Para sco are 230. DATE SIGNED 230. DATE SIGNED
B 4/7/52 Cedar Hill	FERY OR CREMATORY (24d. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Wallaces Min	James L. McOully - I30 E. Fort Ave.





52 3338 BALTIMORE CITY HEALTH DEPARTMENT 3338 Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED GRAMAG LI OF AR MEL (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland 229 S. High St. Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give location) HOSPITAL OR C CITY OR TOWN INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) 229 S. High 50 Yrs. Days c. Length of stay in Baltimore 8. DATE OF BIRTH. 9. AGE (In years | if Under I Year | if Under 24 Hours | last birthday | Months: Days | Hours | Min. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6 COLOR OF RACE Sept. 7 1890 26 Married White Female 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Home Housewife Montello-Avellino-Italy 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Castelli Maddalena Castello-Felice Fusco 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ____ (If yee, give-war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Antonio Gramaglia 229 S. High St. NTERVAL BETWEEN CERCERAL hemorrhage with ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Right hemiplegia This does not mean the mode of dying, e.g., part failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) Generalized Arteriuschenosis ANTECEDENT CAUSES DISTANCE CONDITIONS, IF ANY, GIVING THE UNDERLYING BOVE CAUSE (A) STATING THE OTHER SIGNIFICANT COND. ONS CONTRIBUTING TO THE DEATH, BUT NOT STATED TO THE DISEASE OR CONDITION CAUSTIATED se MelliTus 198 MAJOR PINANCE OF OPERATION 19A, DATE OF OPERATION WES I PHO 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY CCCUR? F INJURY NOT WHILE 22. I hereby certify that I attended the deceased from May 25, 1952, to lenif 2, 1952 that I last saw the deceased alive on agent 1, 19 52 and that death occurred at 7.3 of m., from the causes and on the date stated above. 23c. DATE SIGNED 24C, NAME OF CEMETERY OR CREMATORY 7/52 Holy Redeemer Cemetery 4430 Belair Rd. Balt.Md. DATE RECEIVED BY VS 150

Contraction of the second second second 1. a. a man to be a testing to the control The party of the party marks of the real Alter to the second of the sec remembered an trackers The state of the s Serve Out to when it thank I was a server the same of the same and the same of the same eril // 2 doly and the second second

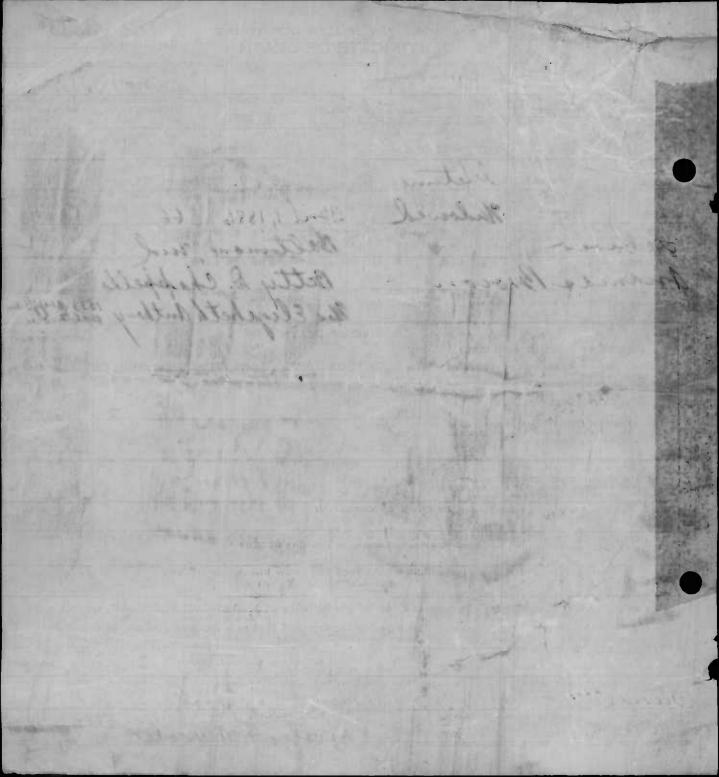
52 3339

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) PHILLIP BROWN DEATH April 3, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF HOSPITAL OR "I not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1617 W. Mulberry Street Baltimore D. STREET ADDRESS (If rural, give location) Vra Mos. Length of stay in Baltimore 1617 W. Mulberry Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under I Year | If Under 24 hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH male colored 10A. USUAL OCCUPATION (Give kind of work done furing host of working life, even if retired) BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY lamb-up 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic and hypertensive (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUEIO cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 4 ·218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 2 Ic. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes D, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURIAL, CREMA 24c. NAME of CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county, REMOVAL (Specify) untrad. RECEIVED BY

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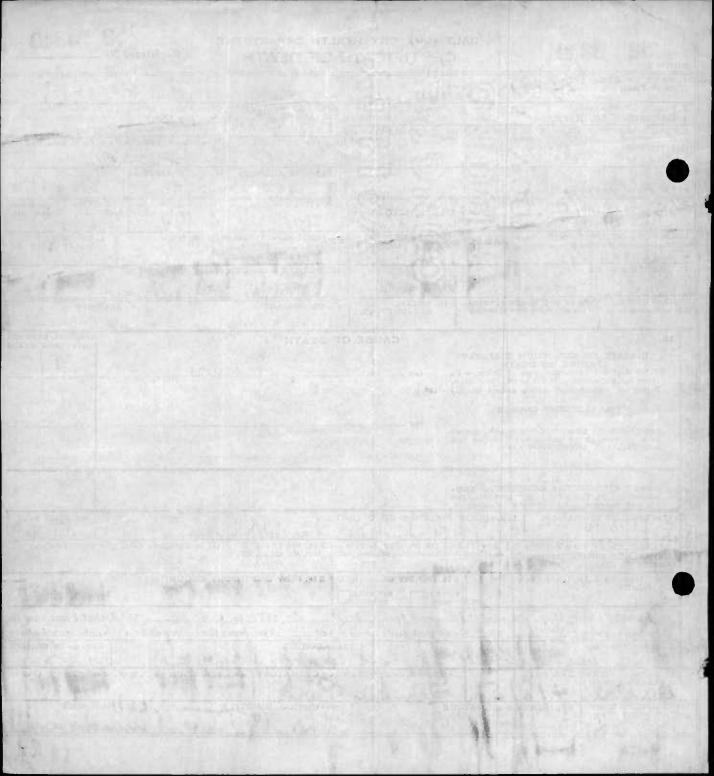
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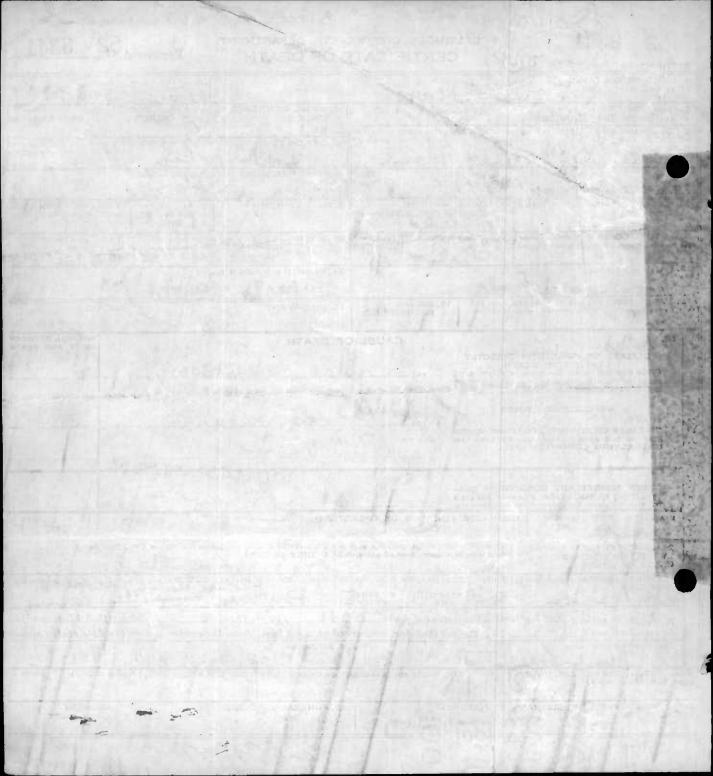
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3340 Registered No.

-	IRTH NO.			
(7	NAME OF DECEASED Harry Kuebler		OF UEATH	252
Α.	Baltimore City, Maryland 1302-James St	4. USUAL RESIDENCE (V		nstitution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address locations) ISTITUTION		outside corporate limits	
7			21-0	2 township)
	Length of stay in Baltimore Life Mo	8. 1307 -1 214		
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Spec	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
_	Married	2-10-1888	64	ths Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	Baltimore 14. MOTHER'S MAIDEN N		
	Frederick Kuebler	Margaret	Deininger	
(Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s. no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT	AD	DRESS
-		Harry Kuebler	Jr. 1302	James St.
		E OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	rrhosis of Liv	0-	5-61145 7
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) Due to			
	ANTECEDENT CAUSES			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING			
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC	(C)			*****
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED			
CE	TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	estruction chole this	eit	20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office block	, in or 21c. WHERE DID (I	If in Baltimore City, gi	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUI	RRED 21F. HOW DID INJURY	r occur?	
	DF INJURY WHILE AT NOT WHI MORK AT WORK			
	22. I hereby certify that I attended the deceased from	Sept , 1999, to	4-5 , 19.52	that I last saw the
	deceased alive on 4- 1- ,19 5 3, and that death occ		he causes and on th	e date stated above.
	William D. Lym M.D.	114 Medical Ar	to Blde	1/- J- J 2.
TIC	A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEME	TERY OF CREMATORY 24D. L	OGATION (City, town, o	or county) (State)
	ATE RECEIVED BY RIGISTRAF'S SIGNATURE	25 FUNERAL DIRECTOR	- 116411	ADDRESS
	APR 7 - 1952 Tuntington Voltagues, My	Chas In o	well War	Adam Mill
	VS 150	30	STATE OF THE	Rd
	/63	0		



4	25 for approved of	redicas agamines
	16. 00 600	E OF DEATH Registered No. 3341
	1. NAME OF DECEASED (Type or Print) FALCON, Mary	2. DATE OF DEATH 4-3-52
	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	HOSPITAL OR INSTITUTION LOCATION LOCATION LOCATION	
	c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural give location)
1	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE on years I Under 1 Year last birthday) Months: Days Hours Min.
	10A. USUAL OCCUPATION (Glvekind of work done during most of working life, even if retired) Local Substitution of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0.	(Yes, no or unknown) (If yes, give wer or detee of service) 16. SOCIAL SECURITY NO.	Pichard Falcon(FO 1815 T. Favette
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSE AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	mary blantsour
	ANTECEDENT CAUSES	due Li hun-
- 2	DISEASES OR CONDITIONS, IF ANY, GIVING	0 1
	UNDERLYING CONDITION LAST.	PULLES ADDROVED BY
	OTHER SIGNIFICANT CONDITIONS CON-	CERTIFICATION AT THOSE
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Sofoleularlum M. D:
3	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
4	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY 2. 21. 52 WHILE AT NOT WHILE	1 - While Masters foll in
		-31 ,1954 to 4-3 ,19 52 that I last saw the
	deceased alive on 4-3, 1952 and that death occur	rred at
	Marles Dagles 111 M.D.	uis top. Belo ud 23°. DATE SIGNED
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
	DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	APR 7 - 1992 Tuntington Waliaus, 19	CHARLES & COOPER-51: CARROLLTON AV
	VS 150 A/9/19 2	Than Of rither



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

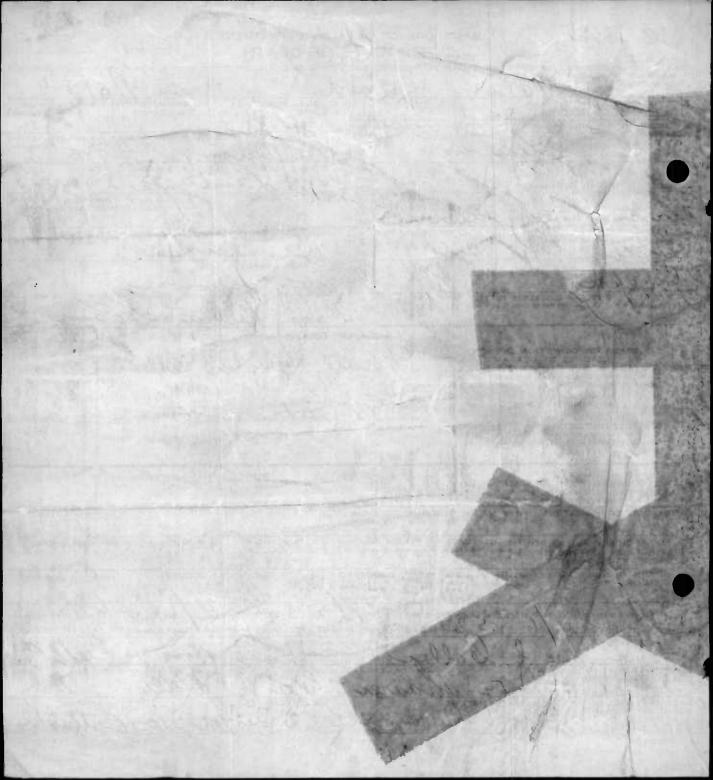
52 3342 Registered No.

BIRTH NO.	IE OF DEATH
1. NAME OF DECEASED SIMON MEN	SH 2. DATE OF APRIL 6.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION)// ()	
3478 Organia we	1 allinore 1311
c. Length of stay in Baltimore 40	- ZLLQUITALVA /INO
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH / 9. AGE (In years) If Under I Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR MDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Allered Mal Store	Mistria
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Dora
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Manuel Meush - Jame
18. /62 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
heart failure authoris at It many 11 dies	P
lnjury or complication which caused death.) DUE TO	of Lung.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. Date of OPERATION 198. MAJOR FINDINGS OF OPE	eration 20. autopsy?
218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (6. 8.	in or 21c. WHERE DID (If in Waltimore City, give exact location)
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg	in,etc.) INJURY OCCUR?
PF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
m. WORK AT WORK	
1 22 I hereby certify that I attended the deceased from H	1930 to GMI b, 193 that I last saw the
deceased alive on HMI So, 1951 and that death occur	arved at 7.150 · m., from the causes and on the date stated above.
1 Celber Homelfar 5 M.D.	1801 Lutaw 1 1 4/6/52
246. NAME OF CEMET	
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	fun patto Ma
APR 7 = 1050 Hustington Vellievus Mit	25. FUNERAL DIRECTOR ADDRESS ADDRESS AND ALLEN ONE ZION BESTAIN
VS 150	100 mm / s



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	0
1. NAME OF DECEASED (Type or Print)	Rubi	V.	2. DATE OF DEATH	5/52
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution	ution, give street address or location)		outside corporate limits.	write RURAL and give
E. Length of stay in Baltimore	Yrs. Mos. Days	7428 Lu	rural, give location)	load
5. SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. WED. DIVORCED (Specify)	8. DATE OF BIRTH		oder Year 1 Under 24 Hours ths Days Hours Min.
work does furing most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
15. WAS BECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT PULL	Lie - B	gress
18. * * * * * * * * * * * * * * * * * * *	CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
injury or complication which caused deal ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CELLY TRIBUTING TO THE DEATH, BUT NOT RELATED.	ING (B)	ymphonous	ne	
TO THE DISEASE DR CONDITION CAUSING	R FINDINGS OF OPER			20. AUTOPSY?
No.				YES ND
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) The contribution of the contribut	ACE OF INJURY (e. g., is, farm, factory, street, office bldg.,	ED 21F. HOW DID INJUR	If in Baltimore City, gi	ve exact location)
	a deceased from y	rred at 4 2 m., from t	he fauses and on the	
23A SIGNATURE	allech.o.	238. ADDRESS	Hory	23c. DATE SIGNED
24A (BURAL, CREMA- TION, RÉMOVAL (Specify)	Mairer	EVA 0	Dalto	or edulity) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR Turtington		25/FUNERAL DIRECTOR	W 2100 6	action &
vs 150	2902	1		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3344 Registered No.

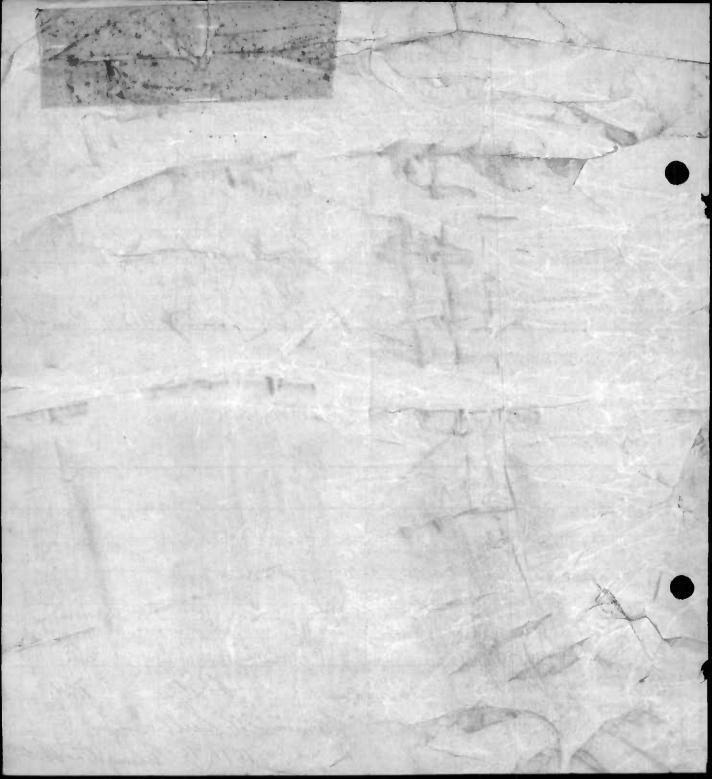
	NAME OF Di	Mrs.	Minnie	Price Smith		2. DATE OF Apri	1 5, 1952
	PLACE OF DI	EATH: Sity, Maryland			4. USUAL RESIDENCE (institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Marylan		before admission)
	STITUTION	m()		location)		-	ts, write RURAL and give township)
		5400 Sprin	glake		Baltimo	,	or cownsurp)
				Yrs. Mos.	D. STREET ADDRESS (I		
	Length of st	tay in Baltimore	55 ye	ars Days		ringlake Way	
5.	Female	White		E, MARRIED, VED, DIVORCED (Specify) W	8. DATE OF BIRTH Feb. 18, 1866	9. AGE (In years last birthday)	If Under 1 Year on the Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of f working life, even If retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
WOL	At Home	t working life, eved it retired)		INDUSTRY	Maryland	•	U S A
13	. FATHER'S N	AME	May a		14. MOTHER'S MAIDEN N	IAME	002
	Levi Pr	ice			Laura V. McAlfr	esh	
15	. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS Way
(Yes	No or dokoowo)	(If yes, give war or date	of service)	SECURITY NO.	Mrs. C. Leonard		00 Springlake
	18. 1271	. 1		CALISE	OF DEATH	2 002 000 70	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY			4	ONSET AND DEATH
	(This does	LEADING TO DEAT	rH f dving e i	Myro	ardial infa	rchon	6 days
	heart failur	re, asthenia, etc. It men complication which c	ns the diseas	e,			
				.,	1		
7	24	ANTECEDENT CAUS	ES	(Conos	vary occlus	Lou	6 days
Ö		OR CONDITIONS, II			/		
AT	UNDERLY	ING CONDITION LA	ST.	(C)			
		300 May 1		(0)		*******************	
RTI	OTHER SI	II IGNIFICANT CONDI	TIONS CO				
THIN I	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
0		F OPERATION 1		FINDINGS OF OPER	ATION		1 20. AUTOPSY?
AL.		0					YES NO
2		ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltlmore City,	
П	CAUSE OF	CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg., e	to.) INJURY OCCUR?		
	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	b	m.	WHILE AT NOT WHILE			
	22. I hereba	contifue that I at		deceased from 31	March 19520	5 April 195	2-that I last saw the
	deceased al	inc on 5 april	1952	and that death occur	red at 120' m. from		he date stated above.
	23A. \$ GNA	URE A	, , ,	2	3B. ADDRESS	1	23c. DATE SUGNED
	Tolar	Noam	ab	M. D.	531 & Morth	are	6 april 52
2/	A. BURIAL, C	REMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24D.	OCATION (City, town	, or eoutly) (State)
-6	Burial	April 7,	1952	Druid Ridge	Pi.	kesville, Mar	vland
	TE RECEIVED		S SIGNATU	JRE	25. FUNERAL DIRECTOR		ADDRESS
1	PR 7 - 1	两个 十二十	Stor	Will Eques R	Plarge Fineral	Home 3631 F	Talls Road
	VS 150		1	40	HATMAN OF KO	12000)	

Ur. John & Barnaby
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Mu. 2054
15316. Most

CERTIFICATE OF DEATH

Registered No

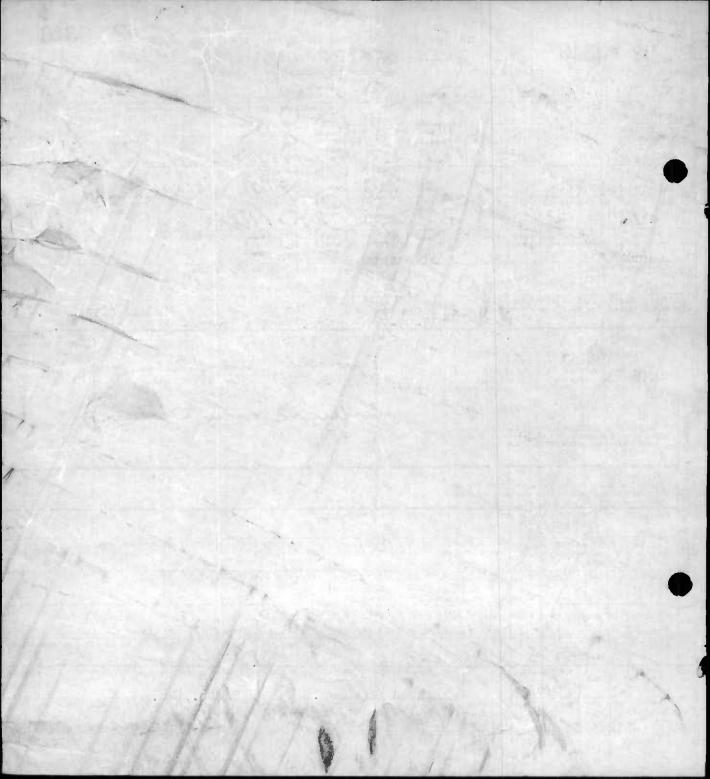
BIRTH NO 1. NAME OF DECEASED DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF AGE (in years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHEL ACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY 6-03-66 INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. , 1952, to_ , 192, that I last saw the deceased alive on_ _. 19_ ... and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 23¢, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY ION (City, town, or eounty) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3346
Registered No.

В	RTH NO.	-			OLKIII IOAII	L OI DLA	111		
(7	NAME OF E	DECEAS	David	Sam	vel Tro	tt.		2. DATE. OF DEATH	1/6/52
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESI	DENCE (Who	ere deceased lived. I	institution : residence
В.	FULL NAME			ital or institut	tion, give strect address or		4	B. COUNTY	before admission)
H	STITUTION	,	0	, ,	location)	C. CITY OR TOW	/N (If ou		ts, write RURAL and give
	Frank	Z/jn	- guat	e H	ospital	Midd	le Di	VOF. 20	township)
			LOTE		- Yrs.	D. STREET ADDI		and the same of th	
	Length of s				Mos. Days	13/	9 50	econd R	02d.
5.	SEX	6. CO	LOR OR RACE		E. MARRIED. VED, DIVORCED (Specify) 1.	2/16/	1889	9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.
10	A. USUAL OC	CUPAT	FION (Give kind of glife, even if retired	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE	(State or fore	ign country)	12. CITIZEN OF
	Clerk		B 1110, 6400 11 1 ctil 60		Meat Market	Balt	0		WHAT COUNTRY?
13	FATHER'S				en.	14. MOTHER'S M	AIDEN NAM	1E	00/1.
		Ja	nes V	U. TH	off	Man	cy V	Vessells	
15	. WAS DECEAS	ED EVE	R IN U, S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT			
(10	no or uoknown)	(Al y	es, give war or dat	es of service)	213-09-9898	Mrs. Evel	M 4.1		River, Md.
	18. 426	7.1				OF DEATH	ANTERIORI	- 1319 Se	INTERVAL BETWEEN
	1		CONDITION	DIRECTLY	OAGSE	OI DEATH			ONSET AND DEATH
		LEAD	ING TO DEA	TH	Cor	many	inne	icianco	A Comment
	heart failu	ire, asth	cnia, etc. It me	ans the diseas	e.	J			
	injury of				A) DUE TO				
7		ANTE	CEDENT CAU	SES	an	teriorce	cotie	CV die	
TION	DISEASE	SORC	ONDITIONS,	IF ANY, GIVIN	(B)				
<	UNDERLY	YING C	ONDITION L	STATING TH					
10		501	1		(C)				
RTIFIC	071150		П				1246		
lt.	TRIBUTING	TO TH	ICANT COND	NOT RELATE	D				
U			OR CONDITION						
AL	19A. DATE C	OF OFE	RATION	198. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
DICAL	21A. ACCID	FNT W	AS UNDER-	218. PL/	ACE OF INJURY (e.g., ie	or 21c. WHERE	DID (If	n Baltimore City.	give exact location)
MED	LYING OF	DEATH	TRIBUTING	about home,	ferm, factory, street, office bldg., e	tc.) INJURY OCC	UR?	and a second control control	A
	OF INJURY	(Month)	(Day) (Year		21E, INJURY OCCURRE		D INJURY O	OCCUR?	
				m.	WHILE AT NOT WHILE				
	22. I hereb	y eert	ify that I at	tended the	deceased from	// 5 , 19	12/to	4/4 195.	that I last saw the
	deceased at	live on	4/5	. 19 52	and that death occur	red at 1:12 Am	., from the	causes and on t	he date stated above.
	23A. SIGNA	PORE	1-10	111		3B. ADDRESS			23c. DATE SIGNED
		00	12/2	Leve	M.O.		C		
710	IA. BURIĀL, (ON, REMOVAL (S	CREMA- Specify)	24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY	7 24D. LOC	ATION (City, town	or county) (State)
1	Burial		4/9/52		Loudon Park	Cem	Balto	Md.	
L	CAL REGIST	DBY	REGISTRAR	'S SIGNATU	75/11	25. FUNERAL DI	RECTOR	, ()	ADDRESS
1	PR 7-19	352	Hunt	ingtor	Valiables 14	21/ma. 9.	Vich	mer & &	hes
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					2/ 0/1		0	0 1 11	and the same of the same of



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Milton Fetsch April 6, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURA and give C. CITY OR TOWN INSTITUTION 4524 Penlucy Rd. #29 D. STREET ADDRESS (If rural, give location) Yrs. 4524 Penlucy Rd. c. Length of stav in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) 3-13-93 male married 10A. USUAL OCCUPATION (Give kinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? machinist steel U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonard Fetsch Anna Rapp 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) Mr. Osten Foreman - 52 N. Ellamont 3t. 076494 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH Cardiac Failure 4 hours (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary Thrombosis 4 days ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Arteriosclerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VEC 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, effice bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK _ 1952 to___ . 19 52 that I last saw the 4/6

deceased alive on.

23A. SIGNATURE

4/3 22. I hereby eertify that I attended the deceased from_ 19 52, and that death occurred at : 301, m., from the causes and on the date stated above.

23B. ADDRESS

10 W. Madison St. 24c, NAME of CEMETERY OR CREMATORY | 24d, LOCATION (City, town, or county)

23c. DATE SIGNED 4-6-52

				CRE
TION.	REM	IOV.	AL	(Speci
50	•		ele.	
E	iur	1 8	1.1	

24B. DATE

Loudon Park Cem.

Balto., Md.

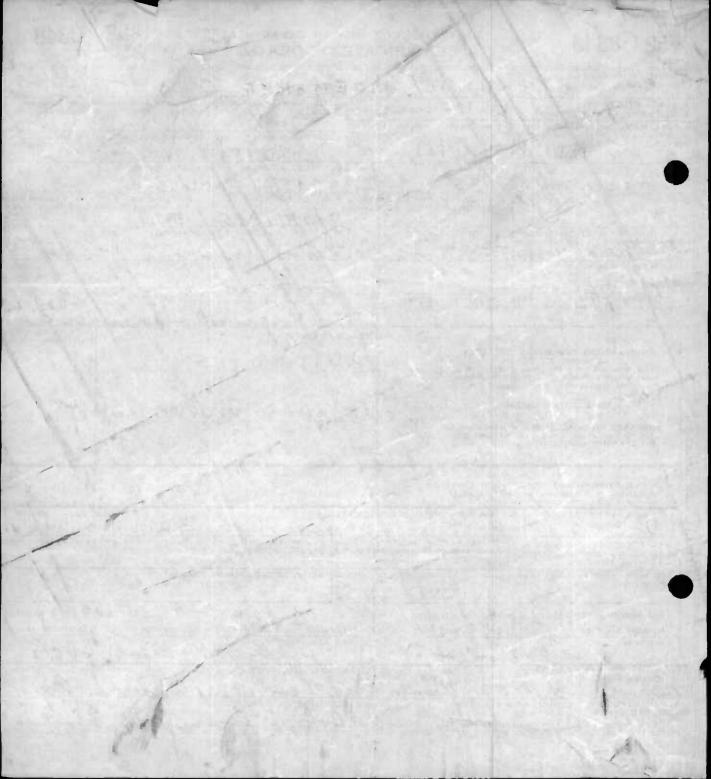
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

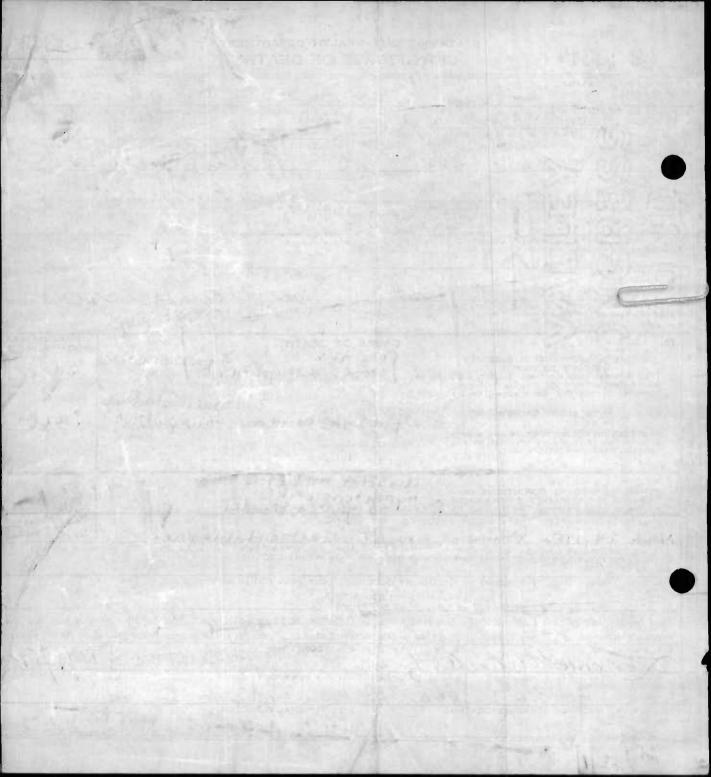
25. FUNERAL DIRECTOR

ADDRESS Trickmer & Sons, - Balto. 17, Md.

-								The .			
		00	_	RAI	TIMORE	CITY HE	EALTH DEPARTMENT	-/-	I,	2	3348
	52	334	8	DAL					gistered	No	0040
BI	RTH NO.				CERI	IFICATI	E OF DEATH		Sistered	110,	
1.	NAME OF	DECEAS	SED D		1 ,			2. DATE			40
(T:	ype or Print)	De	итаи	114/	うわり	EMAKER	OF DEAT	. 4.	-5	-52
3.	PLACE OF	DEATH:		7		- 0	4. USUAL RESIDENCE			finstitu	tion : residence
A.	Baltimore	City, 1	Maryland	10a)			A. STATE		OUNTY	2 0	before admission
	FULL NAM		(If not in hospit	al or institut	ion, give st				109	72 0	1 1/2
	SPITAL OF		1 -1 1		. 4. 1	location)	C. CITY OR TOWN	(If outside cor	porate limi	its, write	e RURAL and give township
de	1	711	1111	LOSA.	1 (4)	+u(.	Palt	1401	26 -	-	to wasting
					N. S. D. S.	Yrs.	D. STREET ADDRESS	If rural, give	location)		
C	Length of	stav ir	Baltimore	3 :	5	Mess Degre	2715711	2011. 1	100	5	200
-	SEX		LOR OR RACE	7. SINGL	E. MARRIE		8. DATE OF BIRTH	9. AGE	in years	It Under 1	Year If Under 24 Hours
	m.		121		ED. DIVO	RCED (Specify)	4/1-/1001				Days Hours Min.
	/ / /		4		m.		1/13/1895	5	6	1	
10	A. USUAL (occupa'	TION (Give kind of glife, even if retired)	10B. KINE	OF BUS	INDUSTRY		foreign coun	try)		ITIZEN OF HAT COUNTRY
-0	neers	nota	Worker	-	W THE	Ei. Co	Tennel Som	ana,		1	54
13	FATHER'S	NAME		A	120200	101101	14. MOTHER'S MAIDEN	NAME			
1	74.4			P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(14)	71				
15	WAS DECE	CED CUE	1		1 10 000		anmoun	-			
(You	, no or naknow	n) (If)	R IN U. S. ARMEI	of service)	16. SOC	URITY NO.	17. INFORMANT		00 1	39995	55 Welson
	-						Turo Viranio	e. D. d	hoen	100	er- ave
	18. 57	2.1	minute Col	Daniel III		CAUSE	OF DEATH				TERVAL BETWEEN
	DISE	ASE OR	CONDITION	DIRECTIV						O	NSET AND OEATH
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			nean the mode onenia, etc. It mea)					
			ication which			то					
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ō			CONDITIONS, 1			,		*******************************	*****************		
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δl					(C)	***************************************		************		
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뒶	OTHER	SIGNIF	ICANT COND	TIONS CO	٧.						
Ш	TRIBUTI	NG TO T	HE OEATH, BUT	NOT RELATE	0						
U			OR CONDITION	-		C OF ORE	ATION				
刂	19A DATE	3	AS D	D AS D	FINDING	S OF OPER	1 1 1	2 Das	2 700		20. AUTOPSY?
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ā	21A. ACC LYING□	OR CON	TRIBUTING			street, office bldg.,	n or 21c. WHERE DID	(II in Baiti	more City,	give ex	act location)
4	CAUSE O					731215 MHI					
) (Day) (Year)	(Hour)	21E. INJU	RY OCCURR	ED 21F. HOW DID INJU	RY OCCUR	7		
	F INJUR	Υ			WHILE AT	NOT WHILE					
				m.	WORK L	AT WORK	3-4	11 8		D	
	22. I her	eby cert	ify that I att			,	19, to_	4-3		,	t I last saw th
	deceased	alive or	14-01	1952.	and that	death occur	rred at 10. 4CKL, fram	the causes	and on	the dat	te stated above
	23A, SIGN	ATURE	011	. /	-	, 2	38. ADDRESS	1/ 1	177	230	DATE SIGNED
		,	Atru	ence	gan S	M. D.	Muci	1700 1	eles	4	1/5/52
	A. BURIAL				24c. NAM		RY OR CREMATORY 24D.	LOCATION	(City, town	n, or cou	inty) (State)
TIC	N REMOVAL	(Specify)	1/4 191	1-9	1	1. P.	1-1. 21	04170	/-	1	-12-
-	TE RECEIV	/FD BY	L PECISTRA	E SIGNATI	Moria	on va	25. FUNERAL DIRECTOR	010	roen	CR	PECE A
		STRAR	REGISTRAR	SSIGNATI	1/11.		1 DIRECTOR		0	400	RESS
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				1	91	3/					
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EO 2240	ICATE OF DEATH Registere	52 3349 d No.
I. NAME OF DECEASED (Type or Print)	rooms 2. DATE OF DEATH OF	ril 4 1952
B. FULL NAME OF (If not in hyspital # institution, give street	A. USUAL RESIDENCE (Where deceased Wed B. COUNTY	
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		imits, write RURAL and give
c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location,	a.c
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVONCE	Days S. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
1DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES work done during most of working life, even if rotired)	SS OR NOUSTRY II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13, PATHER'S NAME	14. MOTHER'S MAIDEN NAME	. /
15. Was DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (17 yes, give war or dates of service) SECURI		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	would disruption?	actives
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	E blaiddermetast sidesmand Carcinoma corvey uter	u'? 4 yrs
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	abetes mellitus	u' ?4 yns
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	abotes melletus pertension	u' ?4 yns
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (A) March 24 1552 COMMONO COAD	abetes mellitus pertension perten	20. AUTOPSY? YES NO LETY, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY	pertension perten	20. AUTOPSY? YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (AUSE OF DEATH DEATH) About home, farm, factory, street, CAUSE OF DEATH OF INJURY 21. Time (Month) (Day) (Year) (Hour) 21E, INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from	control Concinence Concept and	20. AUTOPSY? YES NO [ty, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF CONCENTRIBUTING OR CONTRIBUTING About home, farm, factory, street, CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased frod deceased alive on 23A. SIGNATURE	control Concidence Con	20. AUTOPSY? YES No Law I last saw the the date stated above 23c. DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (A) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased frod deceased alive on 23A. SIGNATURE 24A. BURNAL CREMA- 24B. DATE 24C. HAME OF TON) REMOVAL (Specify)	ordermed Concinoma Concy its pertension of operation of operation 21c. where DID (If in Baltimore City of the Court of	20. AUTOPSY? YES No Law I last saw the the date stated above 23c. DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19B. And that does 23A. SIGNATURE 24A. BURNAL CREMA- 24B. DATE 24C. MANE OF TON REMOVAL (Specify)	COLUMN CO	20. AUTOPSY? YES No Law I last saw the the date stated above 23c. DATE SIGNED



52 3350

Registered No. CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SUSIE M. PLAT	O
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION SIO7 KENILWORTH AVE.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
James Annie Baltin 37 Vps Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 87] 9. AGE (In years If Under 1 Yest last birthday) Months: Days Houre Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of warking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS A
(Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	WM. F. PLATEAU ABOVE
DISEASE OR CONDITION DIRECTLY	of DEATH was Tox Sucia of Attenoschlent Gangrag
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about hnme, farm, factury, street, nffice bldgc	n pr 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on Arthur 195, and that death occur 23A. SIGNATURE	3B. ADDRESS 6007 York Ref 23c. DATE SIGNED 4/7/5V
248. BURIAL, CREMA: 248. DATE TIAN, REMOVAL (Specify) 4-8-1952 DATE RECEIVED BY REGISTRAR'S SIGNATURE	ARK BALIO. 25. FUNERAL DIRECTOR ADDRESS
APR 7-1952 + trugton Williams 19	H. W. JENKING & SONS CO. 4905 YORK RO

DR CE. CARR 6007 YORK RE-

24C. NAME OF CEMETERY DR CREMATORY

25. FUNERAL DIRECTOR

ADDRESS

ARBUTUS LEN. PARK

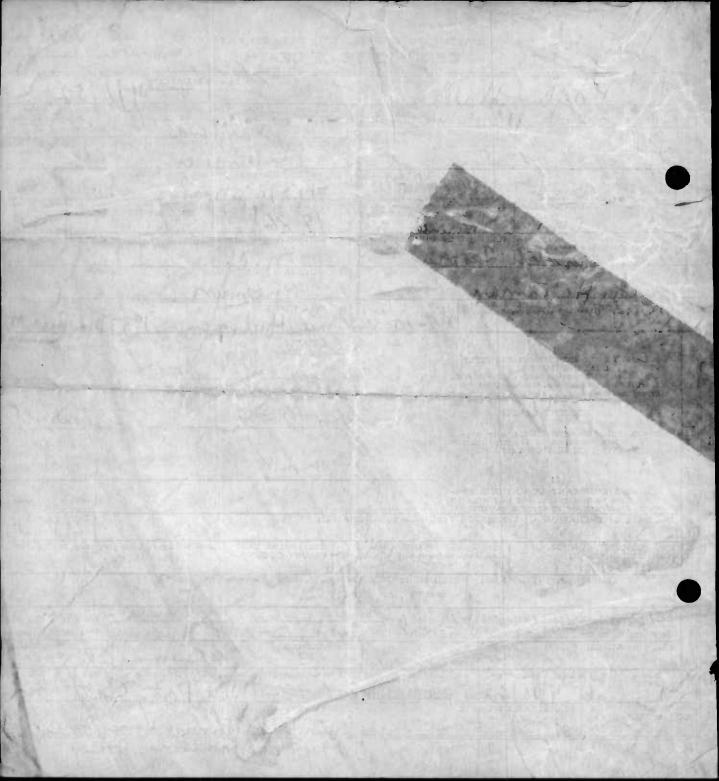
correct a

24A. BURIAL, CREMA-

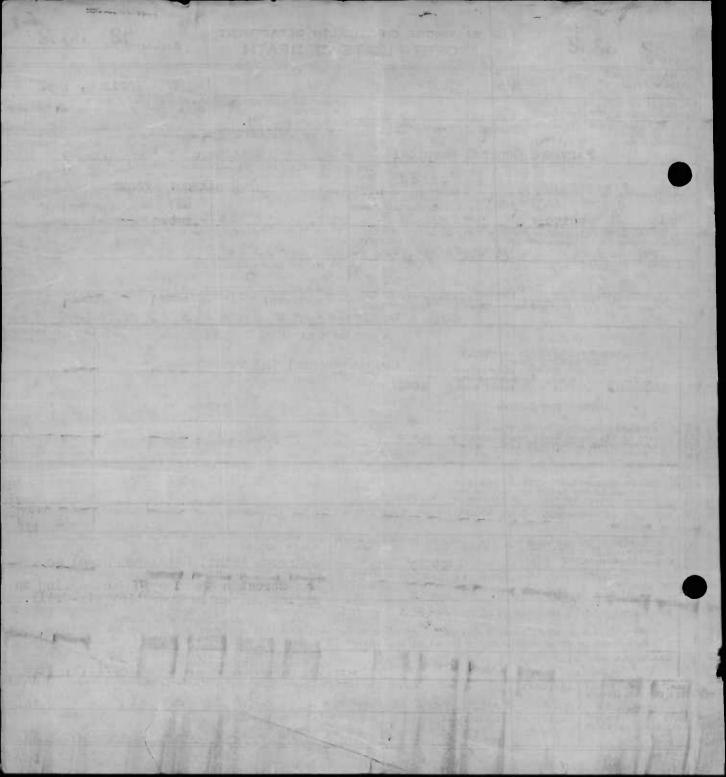
TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR



Physicians:



24c. NAME OF CEMETERY OR CREMATORY!

OAK LAWN CEMETERY

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

25 FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

V S 15

Z4A. BURIAL, CREMA, TION, REMOVAL (Specify)

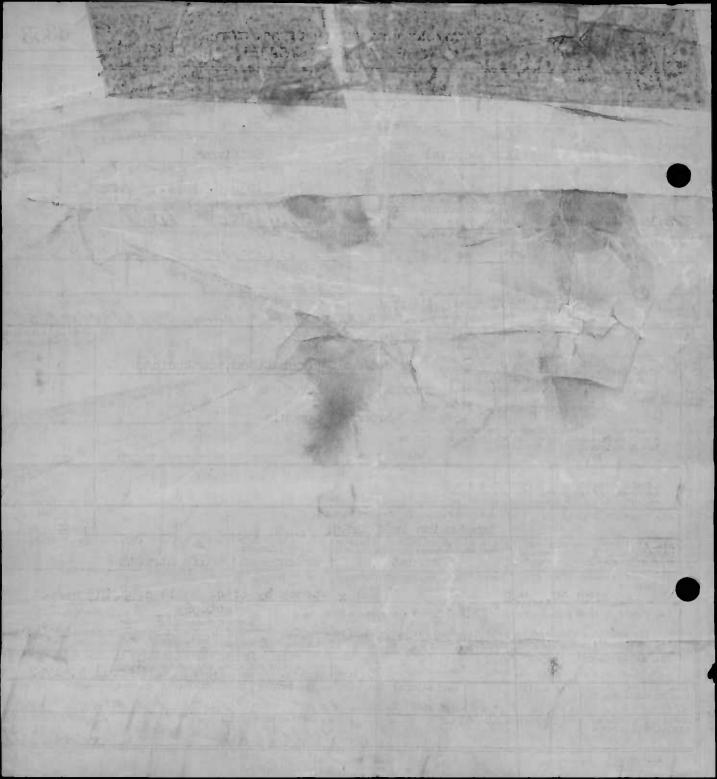
BURIAL

DATE RECEIVED BY

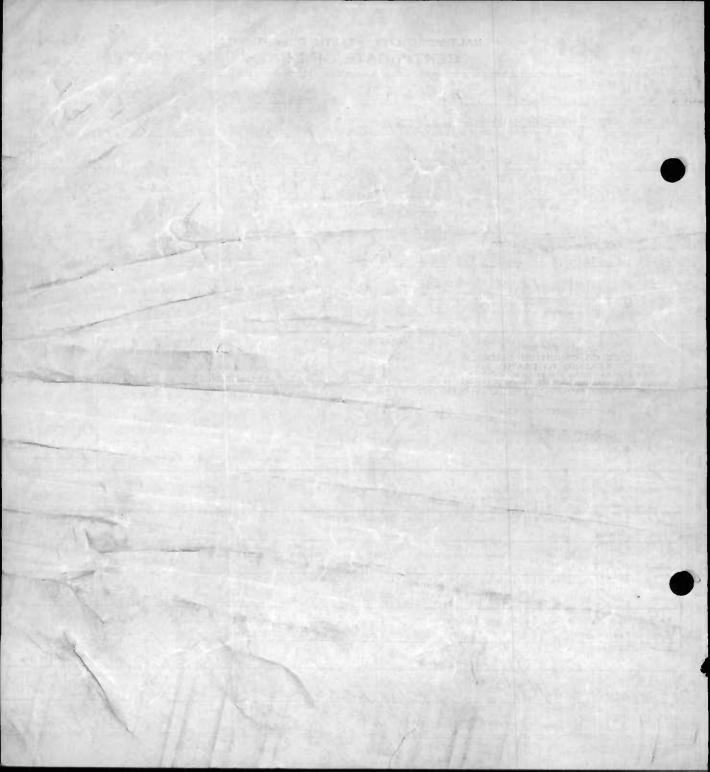
LOCAL REGISTRAR

24B, DATE

REGISTRAR'S SIGNATURE



BI	52 RTH NO.	3354	BAI		E OF DEATH	Registered No.	ं गव्यव
1. (T	NAME OF D ype or Print)	ECEASED	RAD	istrick		2. DATE OF HEATH	4/52
Α.		City, Maryland	mer	y Hosp	4. USUAL RESIDENCE (V	Where deceased lived, If ins	lithtion: residence before admission
HC	FULL NAME OSPITAL OR STITUTION	Mercy Mercy	H-va	ion, give street address or location)		outside corporate limits, w	rite RURAL and g'v
С.	Length of s	tay in Baltimore	11	Yrs. Mos. Days	3908E7	rural, give location)	One
5.	SEX M	6. COLOR OR RAC		E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH 29,1913	9. AGE (In years II Und last birthday) Month	er I Year If Under 24 Hours ns Days Hours Min.
work	depoduring most			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12	CITIZEN OF WHAT COUNTRY
13	Rice Rice	Rand R	udolp	& Deitrick	14. MOTHER'S MAIDEN N	I murph	y .
(Yes	, no or onkoown)	ED EVER IN U. S. ARM (If yes, give war or do	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	^DO	TESS
	18. 16.2	Χ.		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIPECTIV	^	^		ONSET AND DEATH
	(This does heart failu	LEADING TO DE not mean the mode ire, asthenia, etc. It m complication which	ATH of dying, e. g eans the diseas caused death	ie,	with n	Carenons	6 week
		ANTECEDENT CA	JSES				
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN	(B)	•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •
Ĕ	RISE TO T	HE ABOVE CAUSE (/	A) STATING TH				11511 717 25
S	ONDERLE	THE CONDITION	LAST.	(C)	***************************************	***************************************	
E							
CERTIFICATION	TRIBUTING	II IGNIFICANT CON TO THE OEATH, BU ISEASE OR CONDITION	T NOT RELATE	ED			
		F OPERATION	19B, MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
S		ENT WAS UNDER	218. PL	ACE OF INJURY (e. g.,	io or 21c. WHERE DID (If In Baltimore City, give	YES NO E
EDICAL	LYING OF	R CONTRIBUTING[DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	ID. TIME	(Month) (Day) (Yes	er) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I heroh	n certify that I	ttended the	deceased from 3	/12 1952 to 1	4/4 19521	hat I last saw th
	deceased a	11/11			rred at 5.35 km., from t		
	23A. SIGNA	Market and the second	7)		23B. ADDRESS		23C. DATE SIGNED
		Her	Mas	kin M.O.	mercy /	40sp	4/4/52
TIC	AA. BURIAL,	CREMA- 24B. DATE	1/52	24c. NAME OF CEMETE	Alemen 140.L	South	county) (State)
13	ATE RECEIVE	D BY REGISTRA	R'S SIGNAT	JRE.	25. FUNERAL DIRECTOR	A	DORESS D



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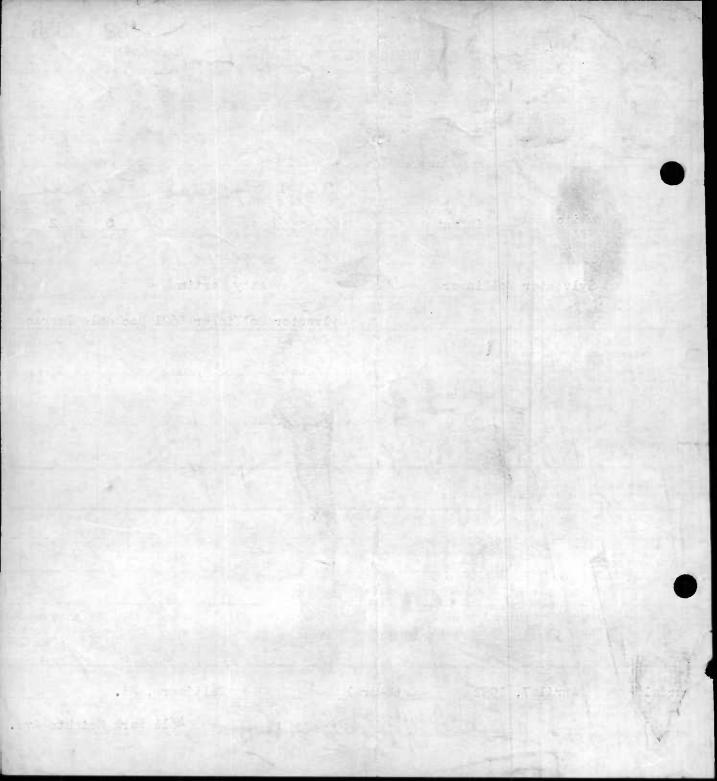
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3355

BIRTH NO.						
1. NAME OF	DECEASED (t)	mora.	I ,	Bailey	2. DATE OF DEATH (12)	1.5-1952
	e City, Maryland			A. STATE	CE (Where deceased lived, If	institution; residence before admission)
B. FULL NA HOSPITAL (INSTITUTIO	OR	tal or institution, give	ve street address or location)	c. CITY OR TOWN	20h	ts, write RURAL and give
	2316	Ziegion	Yrs. Mos.	D. STREET ADDRESS	(If ryral, give location)	1
c. Length o	f stay in Baltimore	7. SINGLE, MAR	Days	55/6	Seflow (M Under 1 Year N Under 24 Hours
F	W	WIDOWED, D	IVORCED (Specify)	Mar. 26-16	862 90	onths Days Hours Min.
	OCCUPATION (Give kind of none of working life, even if retired)		SUSINESS OR INDUSTRY	17. BIRTHPLACE (Sta	te or foreign country)	12, CITIZEN OF WHAT COUNTRY
13. FATHER	S NAME	Ynn.		14. MOTHER'S MAID	EN NAME	
15. WAS DEC	EASED EVER IN U. S. ARME	D FORCES? 16.	STES SOCIAL	12. INFORMANT		ADDRESS 5516
(Yes, no or unkn	own) (If you, give war or date	ne of service)	SECURITY NO.	Mis. Wel	ma Benni	tt, Seston
18.	70.2	MONS.	CAUSE	OF DEATH		ONSET AND DEATH
(This	EASE OR CONDITION LEADING TO DEA does not mean the mode	TH of dying, e.g.,	(A) a	ge 70		
heart injury	ailure, asthenia, etc. It med or_complication_which	ans the disease, caused death.)	DUE TO			
z	ANTECEDENT CAU		(B) Me	senteric	Harombosi	2 days
RISE	SES OR CONDITIONS, I TO THE ABOVE CAUSE (A) REYING CONDITION L.	STATING THE	DUE TO			
<u> </u>			(C)			
TRIBU	R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION	NOT RELATED				
		198. MAJOR FINE	DINGS OF OPER	RATION		20. AUTOPSY?
21A. AC	CIDENT WAS UNDER-		OF INJURY (e. g., I			120 []
CAUSE	OR CONTRIBUTING					
OF INJU	E (Month) (Day) (Year RY	m. WHILE			NJURY OCCURY	
22. I he	rcby certify that I at			1965		that I last saw the
	dalive on Ap 4	, 19.5 2- and t	that death occur	rred at Am., fr	rom the causes and on	the date stated above
041	Samuel Y	Mon Noo.	3 м. р.	11 E. Cha	of of	4/5/5 ~ (State)
24A. BURIA	L. CREMA- 24B. DATE	57.	VAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	md
DATE RECE LOCAL REC	ISTRAR 1	s SIGNATURE	AULA MED	25. FUNERAL DIREC	5305	Les Ind El
VS 15	1	0 15	0	all a con		

Dr. Saml. Meruson 11 E. Chase St. 30

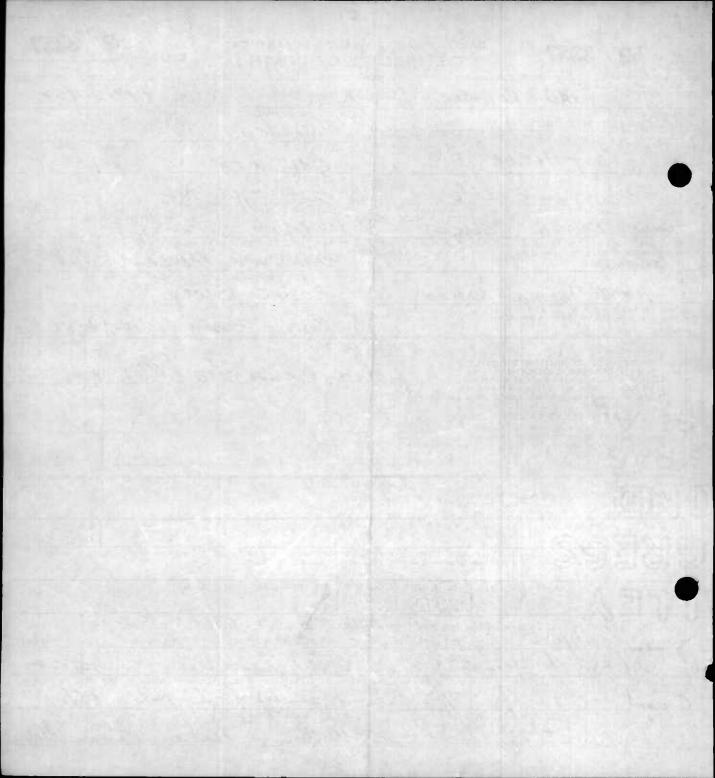
H52					4	
6-	0 2256	ВА	LTIMORE CITY H	EALTH DEPARTMEN	_{1T} 5	2 3356
C	2 3356	5.9		E OF DEATH	Registered 1	No
				,		
(Type or Pr	of DECEASED	ale	130lh	ince	2. DATE OF DEATH	5/5~
	OF DEATH: ore City, Maryland	7		4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
B. FULL N	AME OF (If not in hosp	ital or institu	tion, give street address or		Bast	Large Allehan
HOSPITAL INSTITUTI		1	location)	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
-	the 12	our ,	of Mid his	17000	50	
		0	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
c. Length	of stay in Baltimore	- Daniel	Days	3621 Ca	eldale (enace
J. JLA	white		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours Hours Min.
IOA LIGUA			ant	4/6/5	0	0 0 2
work done during	L OCCUPATION (Give kind g most of working life, even if retire	of 10B. KINI	O OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (State)	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN	NAME	
	Sylvester	Bolling	ger	Patty	Martin	
15. WAS DE	CEASED EVER IN U. S. ARM nowo) (If yee, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
				Sylvester Boll:	inger 3621 Rock	dale Terrace
18. 76	00.0	3	CAUSE	OF DEATH		INTERVAL BETWEEN
DI	SEASE OR CONDITION		7-1	_	111	
(This	does not mean the mode	of dying, e.	8., (A)	14 crans	I Herronde	2 hours
injur	y or complication which	caused deatl	a.) DUE TO			Y
	ANTECEDENT CAL	JSES		1/		7
Z DISE	ASES OR CONDITIONS,	IF ANY GIVII	(B) CASE	as explanally	y·····	
RISE	TO THE ABOVE CAUSE (A) STATING T	HE DUE TO			
O O			(C)		**** **********************************	
RTIFICA THIO THIO	II					
	ER SIGNIFICANT CONT					
U TO T	HE DISEASE OR CONDITIO	N CAUSING	IT			
J 19A. DA	TE OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
0 310 0	CCIDENT WAS UNIDED	21a PI	ACE OF INJURY (e.g., i	o or 21c. WHERE DID	(If in Baltimore City,	YES NO L
LYING	CCIDENT WAS UNDER- OR CONTRIBUTING[OF DEATH		farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?	(If in Battimore City,	give exact location)
2 lp. TII DF INJ	ME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
DF INS	ORT	m.	WHILE AT NOT WHILE			
22 7 1	ereby certify that I a			4/5/52 10 10	1/1 101	, that I last saw th
	ed alive on 956		and that death occur	7/ 5/ 5 -, 19 , to	m the causes and on t	
	GNATURE/	, , , , ,		23B. ADDRESS	/ Caron and and and and and and and and and an	23c. DATE STONED
1/1	Illian (2-6	essoul M.D.	alberon 18	van. NUNd	14/7/5
24A. BURI	AL, CREMA- /AL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town	or county) (State)
burial	April 7	, 1952	Cathedra	1	Baltimore, Md.	THE STEEL
DATE REC	EIVED BY REGISTRA	E'S SIGNATI		25. FUNERAL DIRECTO		ADDRESS
APD >	7 June	inglow	Vallatus, 15	Golomon Jenes	com - 4611 Parl	Heights Ave.
VS 1	50 1952	03		- Burgroom		
				The Court of the Court	The second second	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3357

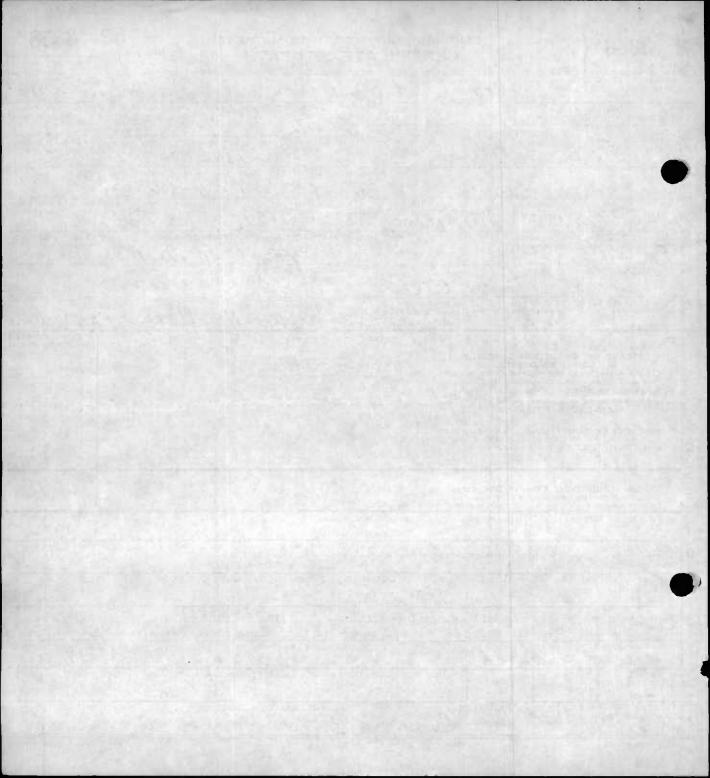
BIRTH NO 1. NAME OF DECEASE 2. DATE Green Blanche (Type or Print) AllEAN OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY LAUNdress AUNDRY 13. FATHER'S NAME Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Kosind 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Lil TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK 22. I hereby certify that, I attended the deceased from Thil ~ , 1957, to Maril 6 1952 that I last saw the deceased alive on Haril 5 1952, and that death occurred at 11:0012.m., from the causes and on the date stated above. 23A. SIGNATURE 23B_ADDRESS 23c. DATE SIGNED Kuchara 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3358

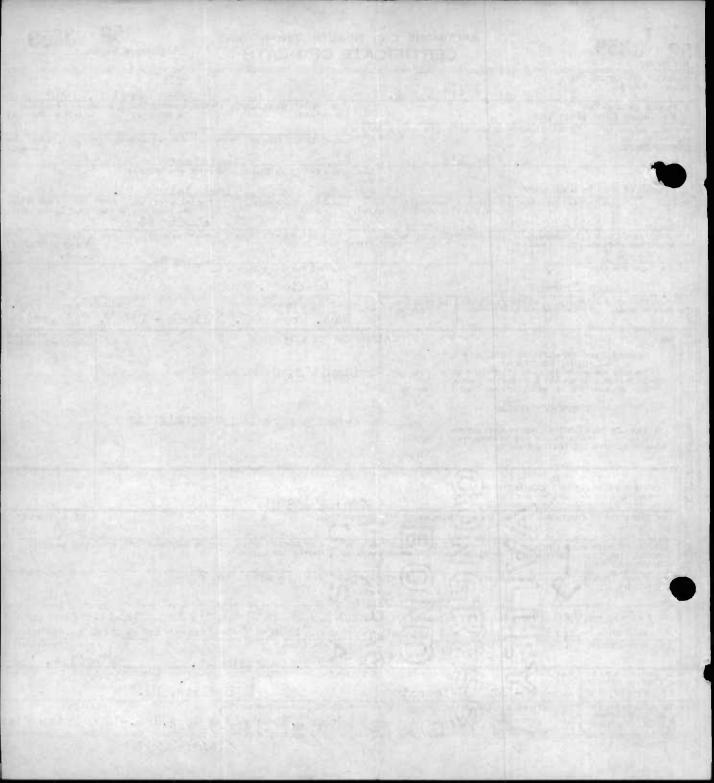
BIRTH NO.	ERTIFICATE	OF DEATH	Registered N	0.
1. NAME OF DECEASED (Type or Print)	R. Coo	PPR	2. DATE OF	APR-5-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION 506 S. PAYS	give street address or location)	c, CITY OR TOWN (I)	outside corporato mit	Trite EURAL and give
c. Length of stay in Baltimore	Yrs. Mos. Days		rural, give location)	7
MALC WAIT WIDOWED		3-3-1899		Under Year If Under 24 Hours ntha Days Hours Min.
rork doue during most of working life, exen if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	RO-INIA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER NAME	14. MOTHER'S MAIDEN NAME 1 PA MUNDY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war oy dates of service)	6. SOCIAL SECURITY NO	17. INFORMANT -MRS MARKETTE	ve Purruss.	HIN CLINTON
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		of DEATH ry Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)		J.C.	
OTHER SIGNIFICANT CONDITIONS CON-				
	INDINGS OF OPERA	ATION		20. AUTOPSY?
= 1 21A. ACCIDENT WAS UNDER. 218. PLACE	E OF INJURY (e. g., in h,factory,street,office bldg.,et		If in Baltimore City,	give exact location)
F INJURY WHI	LE AT NOT WHILE	D 21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the de deceased alive on 190, 5, 1952, an		1 10 00	pril 5, 1952 the causes and on the	, that I last saw the he date stated above.
23A. SIGNATURE AUCH Kernuch	M. D. 23	BB. ADDRESS 1934 Wilke和S		4/7/52
TION REMOVAL (Specify)	odon PARK (Redence the	1
DATE RECEIVED BY REGISTRAR'S GIGNATURE APR 7 952	listers 1500	Thomas J. Kenn	y /NE 1600 HO	MINS ST
VS 150	5642	4356		
			7 47 3 7 7	



635 52 3359 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. (T)	NAME OF D		man Id	llian A.		2. DATE OF DEATH Anna	1 6 3000
	PLACE OF D	EATH:	للا والكا	IIIdli A.		DEATH Apri	f institution : residence
	Baltimore (City, Maryland	-l ou imptitut	ion, give street address or	A. STATE	B. COUNTY	before admission)
HC	SPITAL OR	OF (II not in nospic	al or institut	location)	C. CITY OR TOWN	(If outside corporate limit	its, write RUBAL and give
XIX	STATUTION:	C+	Joseph	te		Politiman A	Person (township)
7		O lia	างระกา	Yrs.	o. STREET ADDRE	Baltimore (If rural, give location)	
	Length of s	tay in Baltimore		Mos. Days		16h0 Yakona Rd	5300
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	H Under 1 Year If Under 24 Hours
77		1973 4 1	0.	/ED, DIVORCED (Specify)	2	about 55	onths Days Hours Min.
	Male A. USUAL OC	CUPATION (Give kind of		of BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
	done during most o	of working life, even if retired)		INDUSTRY		,	WHAT COUNTRY?
13	. FATHER'S N	IAME			14. MOTHER'S MA	Baltimore	U.S.
13							
		nry Erdman			Amelia C.	Ficht	
(Yes	, was DECEASI	ED EVER IN U. S. ARMEL (If yea, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Pky.
					Mrs. Morton	Y. Bullock - 550	W. University
ERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode of re, asthenia, etc. It means the complication which of the complication which of the complication which of the complication with the above cause (A) ying condition the complication of the co	of dying, e. in the disease aused death sees F ANY, GIVIN STATING TIST. TIONS COINOT RELATI	(B) Rupt	tonitis, general gangren	ous appendicitis	
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
₹							YES X NO
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,			give exact location)
	210. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		INJURY OCCUR?	
	22 I hereh	u contifu that I att	anded the		ch 29 195	2, to April 6 , 195	2 that I last saw the
						from the causes and on	
	23A. SIGNA		1005		38. ADDRESS	, yrono the caudes and on	23c. DATE SIGNED
		1	MY	Velez M.o.	1100 N. Caro	line St.	pril 6, 152
2.4 TIC	N. REMOVAL	CREMA- 24B, DATE specify) 4 - 9		Lorraine			n, or county) (State)
- D4	burial				25. FUNERAL DIR		ADDRESS
	APR 7 -		ton 14	LEWE MER		rell & Sons, Inc.	
	WO 150			2633	1111	11/1/0/1/1/	



41	20	
15	3360	
BIRT	H NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3360 Registered No.

_												
	NAME OF C Type or Print)	Jul:	ia Annie	Howard Kee	ves			2. DATE OF DEAT	700	pril	7,	1952
A.		City, Maryland			A. :	USUAL RESID	ENCE (V	Vhere decea		If institu		residence re admission)
H	FULL NAME OSPITAL OR ISTITUTION	2522 Woodl		n, give street address location	1	CITY OR TOW	N (If	outside cor	porate li	nits, write	RU	RAL and give township)
				Yrs Mos		STREET ADDR	ESS (If					
	Length of s	tay in Baltimore	7 611161 5	Day MARRIED.	's					brook		
	F	C	WIDOWE	ED, DIVORCED (Speci	(y) 8. I	Jan 26;	1897	last bi	rthday)	Months I	Days	Il Under 24 Hours Hours Min.
10 wor	DA. USUAL OC k done during most	CUPATION (Give kind of of working life even if retired) He 7116	108. KIND	OF BUSINESS OR INDUSTR		BIRTHPLACE	State or fe	va.	try)	I V	HAT	COUNTRY?
13	B. FATHER'S	NAME			14.	MOTHER'S M.	AIDEN N.	AME				
	Den	iel Blackwell				Saral	Jord	an				
(Ye	o, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.		INFORMANT	noton	2522 1	Noodh	ADDRES		
_	18. 44			none		DEATH	1100011	2222	roou.			AL BETWEEN
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode o ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA III SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	H f dying, e. g., ns the disease, aused death.) ES ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT	(B)		ger fin	Too	Hea luc			2)
SAL		- 0		FINDINGS OF OP							YES [NO NO
EDICA		R CONTRIBUTING DEATH	218. PLAG about home, fa	CE OF INJURY (e. g rm, factory, street, office bld	., in or g., etc.)	21c. WHERE INJURY OCCI		If in Baltir	more Cit;	y, give ex	cact l	ocation)
	OF INJURY	(Month) (Day) (Year)	I W	1E. INJURY OCCUR HILE AT NOT WHILE WORK AT WOR	LE	21F. HOW DI	אחראו כ	Y OCCURT				
	22. I herel	ny certify that I att live on Asset	ended the α	leceased from nd that death occ	urred	at 845 m	, to_	he causes	7, 19 and on	57tha	t I le	ast saw the atcd above.
	23A. 9/GNA		Zmis	rende M.D.	23B. /	309 D		wie		230	DA	TE SIGNED
2 TI	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE Specify) A/ /5	2	4c. NAME OF CEME			TV.	noitaso.				(State)
	ATE RECEIVE	RAR			25.	Geo G						
	VS 150	Hone	ogtor;	Vollacus, M.	<i>y</i> .	Mes	U.	Ke	lo	m		

. We study the subject of the

132	5
BIRTH	NO.
	1101

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

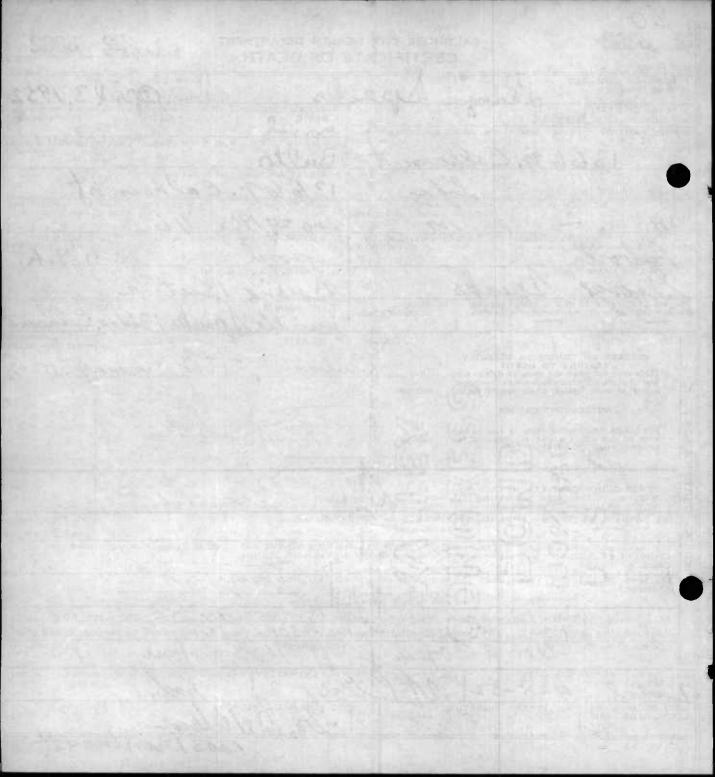
52 3361

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If yural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE lagt birthday) Months Days Hours Min. 5. SEX 7 SINGLE MARRIED. 9. AGE (In years) IOA. USUAL OCCUPATION (Give kind of work done drying most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY Bey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. NTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING I RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATED OE TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 195 that I last saw the S L 19_ Pm., from the causes and on the date stated above. deceased alive on_ and that death occurred at. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24C. NAME OF CEMETERY OR PREMATORY 24A. BURIAL, CREMA 24D. LOCATION (City town, or county) HIM NERAL DIRE ADDRESS DATE RECEIVED BY STRAK'S SIGNATURE LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	eks 2. DATE OF DEATH CAPIL 3. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION 1366 n. Celhain A	Balto (township)
P'/ Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	
WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if linder 1 Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dong thring maket of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BOTHPLACE (State or foreign country) 12. CITIZEN OF
tavorer, sin.	md U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ALMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 NFORMANT ADDRESS AD
(Yes, no or unknown) (If yes, give war of dates of service) SECURITY NO.	1 PINFORMANT ADEABA 1366 R Callery
18. 002 X , CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	umoning 1:13. Double Jun 15 44.2
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
C)	
OTHER SIGNIFICANT CONDITIONS CON.	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	rom Scon Class
19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (6. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	(11 in Batchiore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	In 15-, 1953 to Port 3 - , 1952 that I last saw the
	arred at 9.50 Pm., from the causes and on the date stated above.
23A. SIGNATURE UM R BOYKIS M. D.	238. ADDRESS / 33 N. Monin 23c. PATE SIGNED
	EXY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. JUNERAL ORECTOR ADDRESS
APR 7 - 1952 1 9 5 9 0 0 6	Ma. Halleson
VS 150	1303 / ressmant

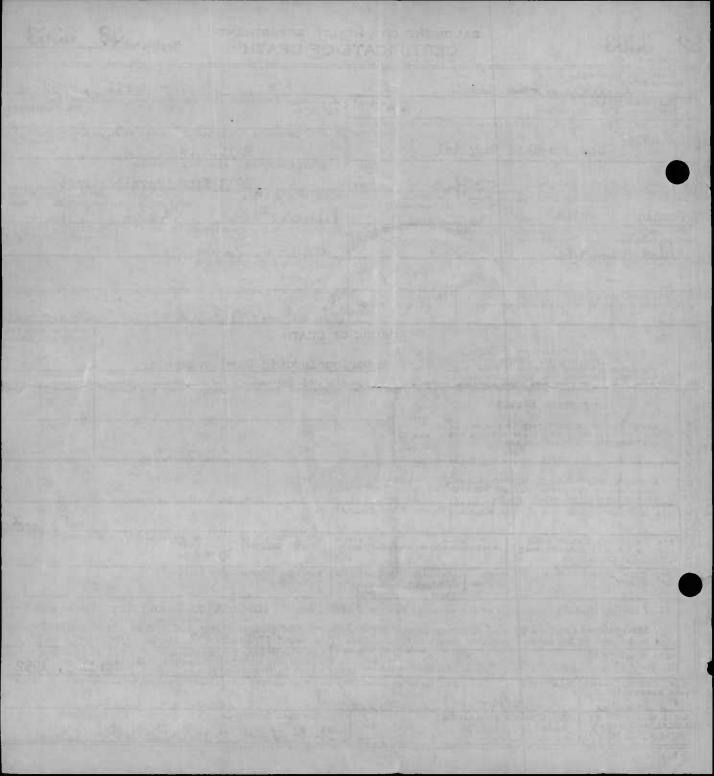
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3363

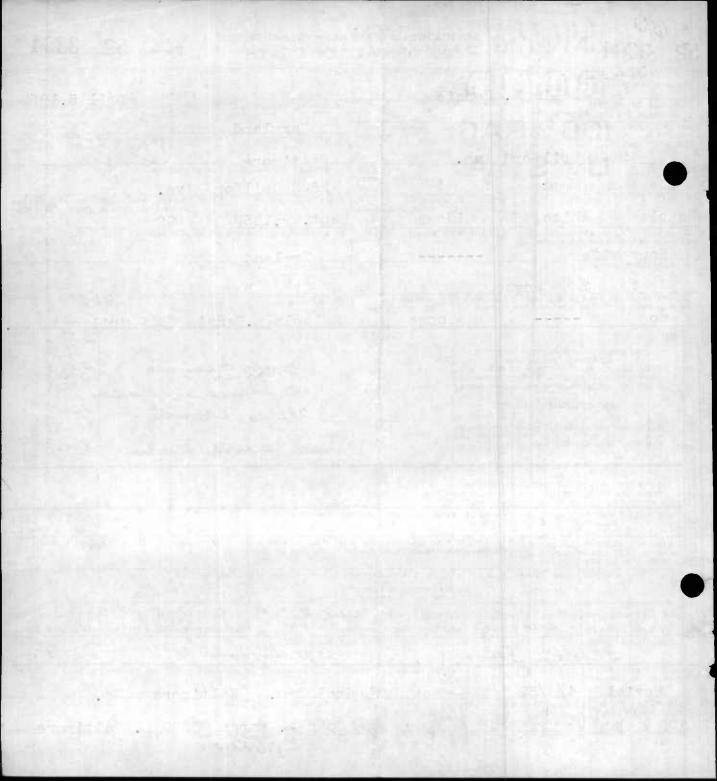
BIRTH NO.	111110/111	2 01 DE/1111		
1. NAME OF DECEASED			2. DATE OF	
(Type or Print Pouline Poor ALLARD			DEATH ADTIL	. 5, 1952
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If it a. COUNTY	before admission)
8. FULL NAME OF (If not in hospital or institution, given HOSPITAL OR	ve street address or location)		outside corporate l'mits	, write RURAL and give
St. Joseph's Hospital		Balti	4	(cownship)
Soe bosopii o noopiioan	Yrs.	D. STREET ADDRESS (If		
Country of store in Boltimans And 91	Mos.			Stroot
5. SEX 6. COLOR OR RACE 7. SINCUL. MAI	Days Days	8. DATE OF BIRTH	East Lanvale	Under 1 Year If Under 24 Hours
Female White	WORSED (Specify)	O CARLES	last birthday) Mor	the Days Hours Min.
10A, USUAL OCCUPATION (Give kind of 10B, KIND OF E	CIUSINESS OR	In. BIRTHPLACE (State or fo	preign country)	12, CITIZEN OF
work done during most of working life even if retired)	INDUSTRY	0.		WHAT COUNTRY
1douseurfu		Derman	щ	
13. FATHER'S NAME V		14. MOTHER'S MAIDEN N	A IMAC	
	SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
		Miss Rose all	and 1913. E	Lanvalel
18. 4-22.1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Arter	iosclerotic Cardi	ovascular	
heart failure, asthenia, etc. It means the disease,	(4)	Disease	***************************************	*******
injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	***************************************	***************************************	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(C)			
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.				
U 19A. DATE OF OPERATION 19B. MAJOR FINE	DINGS OF OPER	RATION		20. AUTOPSÝ?
7		1 01- 141505 010 (If in Baltimore City, g	YES NO
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, fact UTING CAUSE OF DEATH.	F INJURY (e. g., i story,street,office bldg.,e		ir in battimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. 1	NJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY WHILE A				
22. I certify that I took charge of the remo		above, held an inspect	ion & inquiry	thereon and from
		Autopsy.	Inspection or Inquiry	
the evidence obtained by said Autopsy, and death in my opinion resulted from:	Inspection or I	inquiry, fina that said a	eeeasea a:ea on th	e day stated above $ndetermined \square$.
23A. SIGNATURE	muturat cause	238. CHIEF MEDICAL	EXAMINER 1 23	c. DATE SIGNED
Klanley S. Du	elaclo M	ASSISTANT MEDICAL	EXAMINER	pril 5, 1952
	NAME OF CEMETE	RY OR CREMATORY 240, L	OCATION (City, town,	or county) (State)
Tion REMOVAL (Specify)	6		uelas Cla	ч.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Justin	25. FUNERAL DIRECTOR	grow Wi	ADDRESS
LOCAL REGISTRAR		efer to Dr. R.	osh Patt o	36 0
APR 7 - 1952 Tuntington 1/11:	1122-11-2	CLO XILLOVOILIT	03/00 all 0	must.
V C 161	1 1		de .	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N2 3364

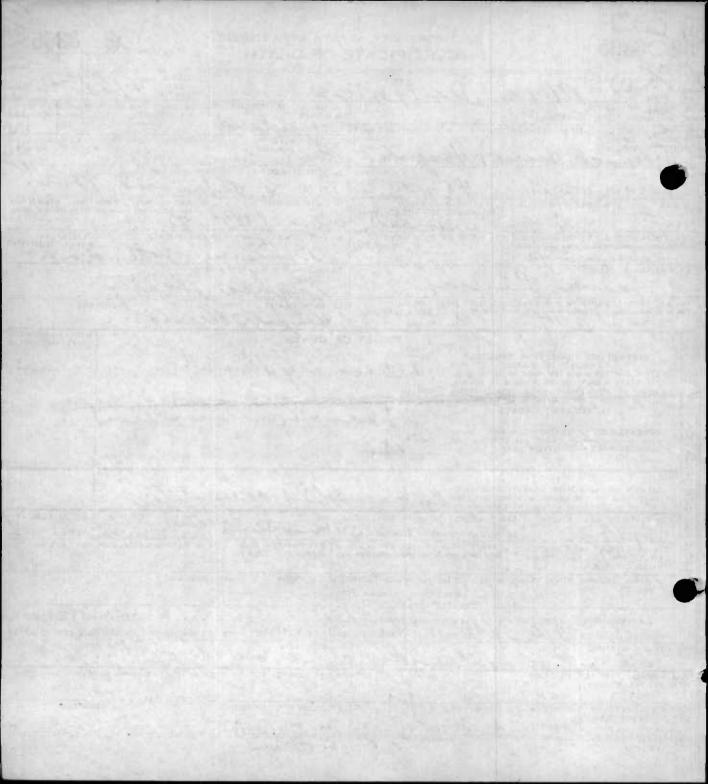
1. NAME OF DECEASED (Type or Print)	M D			2. DATE OF	
3. PLACE OF DEATH: A. Baltimore City, Maryland	M. Ren	nie	4. USUAL RESIDE	DEATH NCE (Where deceased lived B. COUNTY	M Institution : residence before admission)
B. FULL NAME OF (If not in he	spital or institu	tion, give street address or			before admission)
HOSPITAL OR INSTITUTION		location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
<u>2622 Guilf</u>	ord Ave		Reltimon	16	township)
		Yrs.	D. STREET ADDRES	(If rural, give location)	
c. Length of stay in Baltimor	e ?	? Mos. Days	2622 Gui	lford Ave.	
5. SEX 6. COLOR DR RA		E, MARRIED.	8. DATE OF BIRTH	9. AGE (in years	It Under 1 Year It Under 24 Hours
Female White	W	ved, DIVORCED (Specify)	Sept.29,18	last birthday) 92	Months Days Hours Min.
10A. USUAL OCCUPATION (Give ki work done during most of working life, even if ret	nd of 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife			Treland	3	
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
? ?	ovce		2	2 0	
15. WAS DECEASED EVER IN U. S. AF	MED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or	dates of service)	SECURITY NO.			
		none		Rennie 2622	Guilford Ave
18. 480X		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION	EATH		P.	0	-
(This does not mean the mo heart failure, asthenia, etc. It	de of dying, e.	g., (A)	Source	2 necemous	3 dess
injury or complication which			Ra. 1-	lusteless ne	0 14/
ANTECEDENT C	AUSES				460.601
		(B)	arleres	Decroses	140
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	S. IF ANY, GIVIN	VG.			***************************************
UNDERLYING CONDITION	LAST.		Darele Ms	Chrele VE Pome	8 m.o.
U		(C)		-william of gorne	9
OTHER SIGNIFICANT CO					
OTHER SIGNIFICANT CO					
TO THE DISEASE OR CONDIT	ION CAUSING	Т			
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDE	1 00 =				YES ND
L CAUSE OF DEATH		ACE OF INJURY (e. g., i farm,factory,street, office bldg.,		O (If in Baltimore Cit?	y, give exact location)
21D. TIME (Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF INJURY		WHILE AT NOT WHILE			
	m.	WORK AT WORK	2 4 .7	/ 24:2 =	ev.
22. I hereby certify that I	attended the	deceased from	Eccy 5, 1935,		57, that I last saw the
	4, 193	and that death occur		from the causes and or	the date stated above.
23A. SIGNATURE	C.		3B. ADDRESS	0 0 10	23c. DATE SIGNED
Shos. Fa	No.		2878 Har		1-5 52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	E	24c, NAME OF CEMETE	RY DR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)
Burial 4/8/	52	New Cathe	dral Cem-	Raltimore	Md
DATE RECEIVED BY REGISTR	AR'S SIGNATE		25. FUNERAL DIRE		ADDRESS
ADD 7 = 1952 Thun	tington 1	Williams AST	John A. Ma	nan 03000 P	Doll times a
	7	Carried Mary	3 7	ran 03000 E.	Dal Clmore S
VS 150	1	7 by 640 m	146	Lewis	



153 52 3365 **		EALTH DEPARTMENT E OF DEATH	Registered No_	3365
1. NAME OF DECEASED	ce DeFonT	es	2. DATE OF DEATH 4/6	152
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	nere deceased lived. If insti B. COUNTY	tution : residence before admission)
B. FULL NAME OF (If not in h	ospital or institution, give street address or location)		outside corporate limits, wr	te RURAL and give township)
Course Ho	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	Ann
c. Length of stay in Baltimor	re 73 yw. Days	8, DATE OF BIRTH	9. AGE (In years Under	1 Year It Under 24 Hours
5. SEX 6. COLOR OR RA	ACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)		9. AGE (In years Under last birthday) Months	
10A. USUAL OCCUPATION (Give k work done during most of working life, even if re		11. BIRTHPLACE (State or for	reign country) 12.	WHAT COUNTRY?
13. FATHER'S NAME	Lindsay	14. MOTHER'S MAIDEN NA	Beally	
15. WAS DECEASED EVER IN U. S. A (Yes, no waknown) (If yes, give war o		17. INFORMANT	Rearly ADDR	ESS
18. 420:1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITI		7/	0 -	CHSET AND DEATH
(This does not mean the m heart failure, asthenia, etc. It injury or complication whi	ode of dying, e.g., (A)	mary Hum	ulions.	10 min.
ANTECEDENT C	CAUSES	man arte	is ale)
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO			
<u> </u>	(6)			
OTHER SIGNIFICANT CO	BUT NOT RELATED	Colitis + Peru	iolitis	
194. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION LEVELLE with 1	artial intertion	20. AUTOPSY?
21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTION CAUSE OF DEATH			in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (1) OF INJURY			OCCUR?	
	m. WHILE AT NOT WHILE AT WORK			
	Lattended the deceased from 2	15/52,195210		hat I last saw the
deceased alive on 4/4	1952 and that death occu	rred at 12. 191m., from th		ate stated above
withur t. l.	Vasdeward M. D. 4	Cheersle Hory of	to tructi	4/6/52
24A. BURIAL, CREMA- 24B. DA TION, REMOVAL (Specify)	TE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	CATION (City, town, or o	county) (State)
Burial 4/9	TO BE THE TAX TO THE T	Com Wos	hington	R.G.
DATE RECEIVED BY REGISTI	RAR'S SIGNATURE	25. FUNERAL DIRECTOR	AL	DORESS

W HoLewis

VS 150

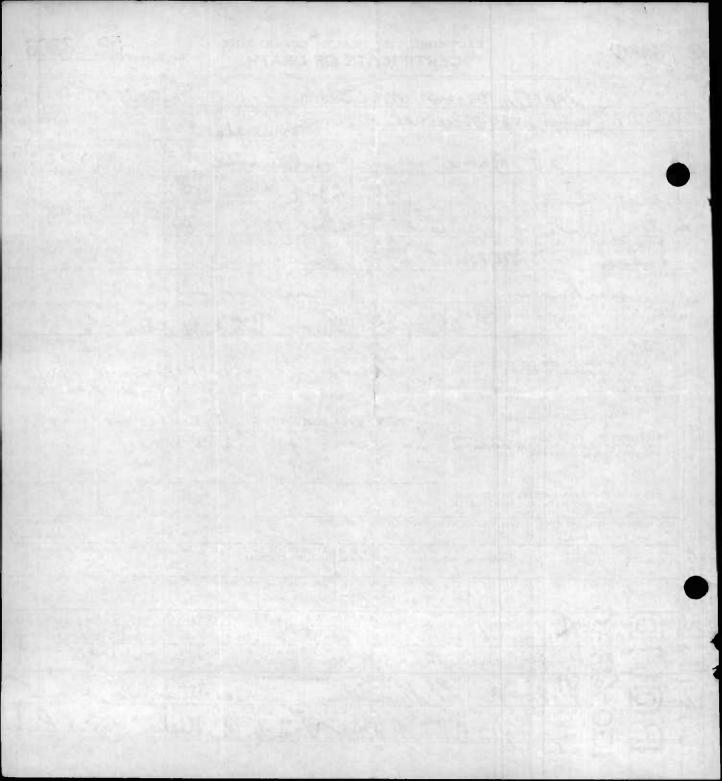


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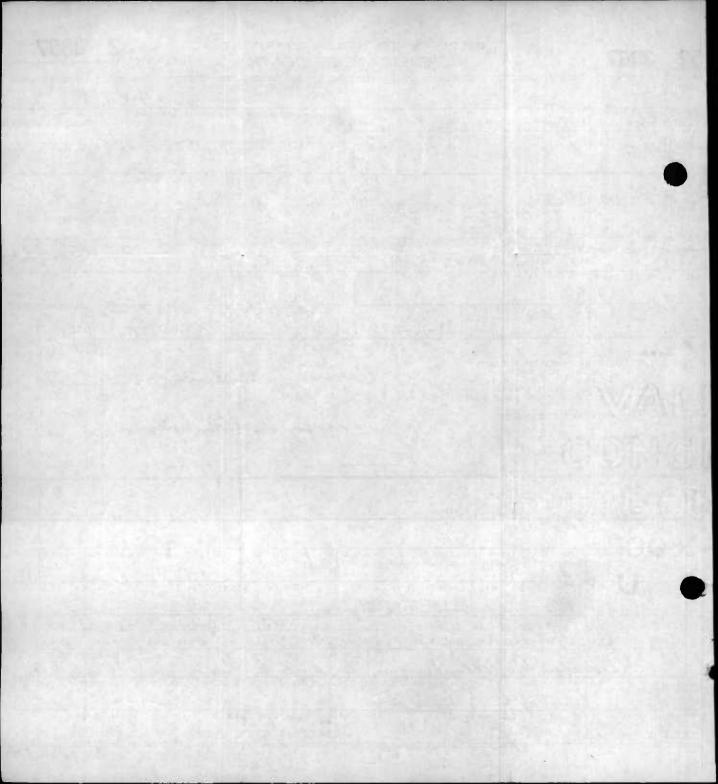
BALTIMORE CITY HEALTH DEPARTMENT

	BII	RAA NO.	L OI BEATTI
		NAME OF DECEASED MARTIN DRONG 61	Trag 2. DATE OF DEATH GARL 7 1852
I	A.	PLACE OF DEATH: Baltimore City, Maryland 2324 Fleet at -	4. USUAL RESIDENCE (Where deceased fived, If institution: residence A. STATE before admission
ı	HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	
1		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
2		Length of stay in Baltimore Days SEX 16.COLOR OF RACE 17. SINGLE, MARRIED.	asay receive
	N	rale While Widower (Specify)	about 1871 80;
8	10 work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY DE FOOTE & CO. TACK	11. BIRTHPLACE (State or foreign country) Plant 12. CITIZEN OF WHAT COUNTRY
1	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		unknam	ruhnam.
76.63	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	address Alfa 2324 Fleet of
200.00		18. 443X CAUSE	OF DEATH ONSET AND DEAT
2		DISEASE OR CONDITION DIRECTLY	13.
in out t		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	NAL TORONCHO INZUMONIA 4/2/52
436	Z	ANTECEDENT CAUSES ANTER	ISSCLERUTIC, HYPERTENSIVE 777
is. pre	CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST,	DIO- VASCULAR DISRASE
cran	느	(C)	
nysı	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
11. J	AL.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
portar	EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
MILA		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK	
eera		ALL WORK CONTRACTOR	
d		22. I hereby certify that I attended the deceased from MAI deceased alive on APRIL 7, 1952, and that death occu	arred at 3 1 A.m., from the causes and on the date stated abov
8 18		pelfy to Upenya M.D.	23B. ADDRESS lbester tr. 23c. DATE SIGNET
ect ag	24 TIC	A. BURIAL, PREMA 24B, DATE 24C NAME OF EMETE	Pars 1300 Dundalk are
correct		TE REGEIVED BY REGISTRAR'S SIGNATURE	25. FURTAL DIRECTOR ADDRESS PARTY
	A	PR / - 1452 Thurlington Villating 18545	Leor Co di villor 153 N. Com



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BII	RTH NO.								
	NAME OF D		O OTTER				2. DATE OF /	7 4 70	250
			SCHEL	JE .			DEATHAPTI		
3. A.	PLACE OF D Baltimore (EATH: City, Maryland804	Cedar	croft Road.	4. USUAL RESIDEN	NCE (Wh	B. COUNTY		n : residence fore admission)
B. I	FULL NAME			ion, give street address or		ıd	200	this	2
HO	SPITAL OR STITUTION			location)	C. CITY OR TOWN	(If or	utside corporate li	mits, write R	URAL and give township)
13					altimo	ore			cownstite)
				Yrs.	D. STREET ADDRES	SS (If ru	ral, give location)		
c.	Length of s	tay in Baltimore		Mos. Days	804 Ced	darcro	ft Road		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH		9. AGE (In years)	II Under I Year	
Ma]	le	White	Widow	VED, DIVORCED (Specify) 교육	June 21, 187	70	last birthday)	Months Day	s Hours Mill.
		CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (St		eign country)	1 12. CITI	IZEN OF
work	done during most o	of working life, even if retired)	McCorm:	INDUSTRY	Baltimore,	N/A		WHA	AT COUNTRY?
	FATHER'S	LAME	MCCOIM.	ick o-spices	14. MOTHER'S MAIL				
10	. CATHER 5	AME							
		Schelle			Phillimin	na Bus	ch		
(Y88	. WAS DECEAS!	U EVER IN U. S. ARME! (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Vo.			212-18-4274	Mrs. May Bos	sley 8	04 Cedarci	roft Ros	ed,12
	18. 420	. /		CAUSE	OF DEATH				RVAL BETWEEN
	1	E OR CONDITION	DIRECTLY					01432	AND DEATH
	(This does	not mean the mode		g., (A)	aronary O	recl	usion		1 km
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Coronary Geclusion //ku /								
	ANTECEDENT CAUSES June solves aslesses								3
TION	DISEASES	OR CONDITIONS, I	F ANY, GIVI	(B)	Jan			····	***************************************
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO					
ERTIFICA				(C)	***************************************		*******************************		
E		11				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AND RESIDENCE TO BE
RT	OTHER S	IGNIFICANT COND	ITIONS CO	N -				F	
띲		TO THE DEATH, BUT					****		
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	200	Trans.	20	. AUTOPSY?
A						83114		YES	S NO
EDICAL		ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	etc.) INJURY OCCUR		in Baltimore Cit;	y, give exac	t location)
Ш	CAUSE OF	DEATH		The state of the s	11100111 000011				
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE					
	22 Though	y certify that I at				? to U	264, 10	152 that 1	last saw the
	deceased a	line on the	1052	and that death occu				,	
	23A, SIGNA				23B. ADDRESS	1 One one	e equises and or		DATE SIGNED
	.9	rederich (1.7/00	ences M. D.	6100 york	100	L	apr	6.1952
24	A. BURIAL	CREMA- 248. DATA		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LO	CATION (City, to	wn, or count;	y) (State)
	on REMOVAL (S urial	Apr.7,	1952	Oak Lavn		Colga	te, Md.		
DA	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRE			ADDRE	ss
	CAL REGIST	BAR) Hunt	14	W/12 0 0	- E - E		me-2008 Or	rleans	St
1	TAK 1 - 1	302 ,	Anon 1	Yelliame M.D	o.z.t.z.cii z uiici			200110	
	VS 150		U	3.7.					



correct age is especially important. Physicians: please write the causes of death clearly and legilly.

CERTIFICATE CORRECTED

4/15/52

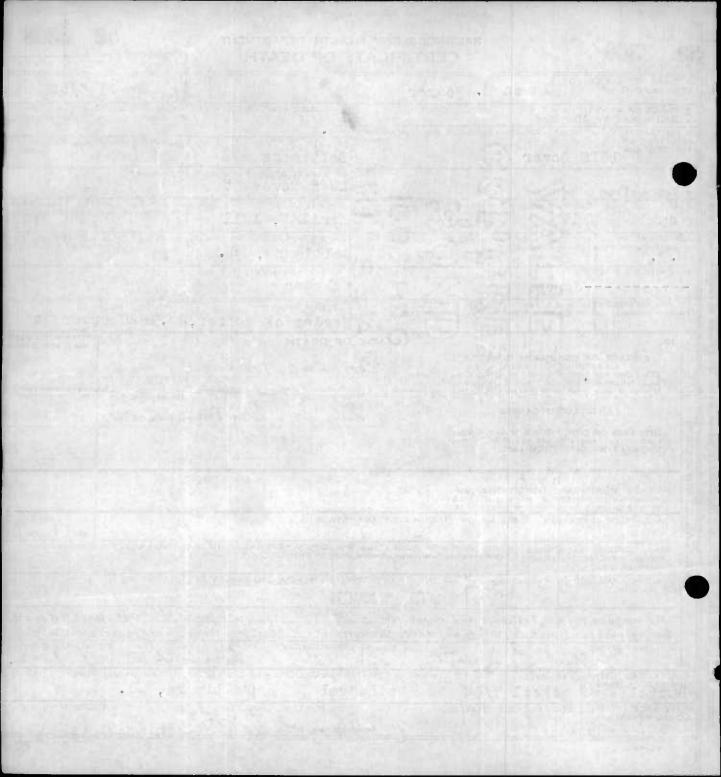
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Registered No.

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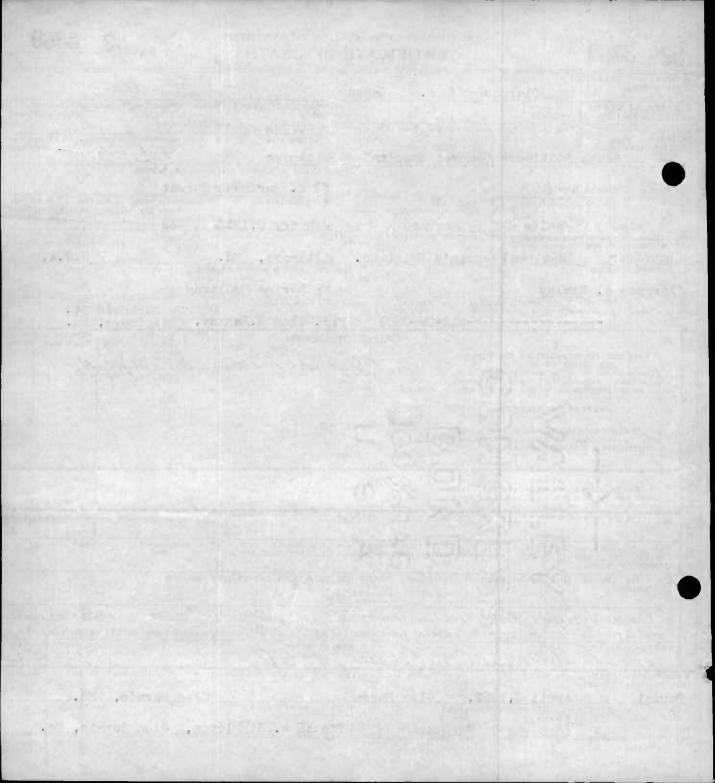
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	RTH NO.							
1.	NAME OF DECEASED Agne	s E. Fe	ürer		OF Apri	1 4/52		
A	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If i	nstitution : residence before admission)		
B. H 11	FULL NAME OF (If not in hospit of postitution 1828 Dover		, give street address of location)		f outside corporate limits	y rite RAL and give township)		
C	Length of stay in Baltimore		Yrs. Mos. Days	1828 Dover St	rural, give location)			
	emale 6. COLOR OR RACE	7. SINGLE, WIDOWEI	MARRIED. D, DIVORCED (Specify)	April 7, 1911		Under I Year H Under 24 Hours Hours Min.		
WO	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	Own I	F BUSINESS OR INDUSTRY	Baltimore, M.		12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME			14. MOTHER'S MAIDEN N Unknown	IAME			
(Y	5. WAS DECEASED EVER IN U. S. ARMEI s, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Frederick Feur		Dover St		
ERTIFICATION	18. USG X 'DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of the condition which of the condition which of the condition which of the condition of the condi	ITH If dying, e.g., ns the disease, eaused death.) SES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED		of DEATH rdiac Faile upus Erja (disseminate	Hematosu	ONSET AND DEATH		
AL C			INDINGS OF OPER	RATION		20. AUTOPSY?		
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLAC about home, farm	E OF INJURY (e. g., i n, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)		
	21D. TIME (Month) (Day) (Year OF INJURY	wH		ED 21F. HOW DID INJUR	Y OCCUR?			
T.	WHILE AT NOT WHILE							
=	APR 7 - 1997 Turkin	3 1 5	maus, his	tarry H. Well	Z/Cea101 Har	nondson Ave		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			
1. NAME OF (Type or Prin			2. DATE OF DEATH (-652
3. PLACE OF	DEATH: e City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If institution : residence B. COUNTY before admission
B. FULL NAM	R location)		itside corporate limits, write-RURAL and giv
INSTITUTION	South Baltimore General Hospital	Baltimore	23-0 L township
	Yrs.	D. STREET ADDRESS (If ru	ral, give location)
c. Length of	f stay in Baltimore Mos. Days	29 E. Burkhead S	Street
5. SEX	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In years Under Year Under 24 Hous Months Days Hours Min
M Mal	(1/2:	January 8.1913	39
10A. USUAL	OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY
Chauffe		Baltimore, Md.	U.S.A.
13. FATHER		14. MOTHER'S MAIDEN NAM	
Clarenc	e A. Ramsay	Katherine McClar	av
15. WAS DECE	ASED EVER IN U. S. ARMED FORCES? 16. SOCIAL.	17. INFORMANT	29 Burkhead St.
NO O	(If yes, give war or dates of service) SECURITY NO.	Mra. Nina E.Ramsay	7. Baltimore. Md.
18. 5		OF DEATH	INTERVAL BETWEE
		Control of the Contro	ONSET AND DEAT
	LEADING TO DEATH loes not mean the mode of dying, e.g., (A)	ravie House	rule-Nesses
heart fa	ailure, asthenia, etc. It means the disease, or complication which eaused death.) DUE TO		
mjury			
7	ANTECEDENT CAUSES		
O DISEA	SES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE DUE TO	••••••••••••••••••••••	
UNDE	RLYING CONDITION LAST.		
<u> </u>	(C)		
O DISEA:	II CONDITIONS SON		
W TRIBUT	R SIGNIFICANT CONDITIONS CON-		
	E OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
	0		YES NO
	CIDENT WAS UNDER. 218. PLACE OF INJURY (e. g.,		in Baltimore City, give exact location)
	OR CONTRIBUTING about nome, farm, factory, at reet, outcoded.	INJURY OCCURY	
	E (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	ED 21F. HOW DID INJURY	occur?
OF INJUI	m. WHILE AT NOT WHILE		
22 / has	reby certify that I attended the deceased from 3-	24 195260	9 - 6, 195 2 that I last saw t
desegge	l alive on $G = S$, 193^2 and that death occu	rred at 3. of Alfrom the	e causes and on the date stated about
		238. ADDRESS,	23c. DATE SIGNE
1/2	. CV. (Verais Chillsers	8/3677	4-6.52
24A BURIA		ERY OR CREMATORY 24D. LO	CATION (City, town, or county) (State
Burial	April 8.1952. Glen Haven		Hen Burnie, Md.
DATE RECEI	IVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Hen Burnie, Md. ADDRESS
LOCAL REG	1052 Huntington Welliause 1996	THOMAS WA Sillelate	on. Glen Burnie, Md.
AFK-1-	1302 / 2 5 5 5	-3	
VS 150	6.82 U	9	
	0037	7	

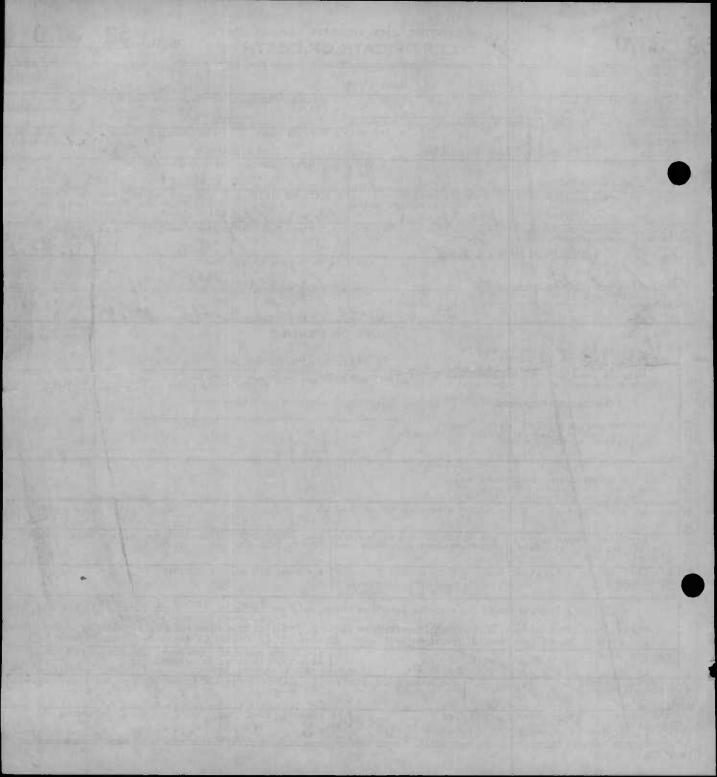


5 3 0 3370

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3370

BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) THOMAS April 4. BERRETT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland i'i not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 943 N. Washington Street length of stay in Baltimore Days 6. COLOR OF RACE 9. AGE (In years If Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED DIVORC Male Colored r foreign country) 12. CITIZEN OF WHAT COUNTE 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME nLL nara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 18. 023× CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Luetic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSYT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23A. SIGNATURE April 4. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town for county) TION, REMOVAL (Specify ADDRESS DATE RECEIVED BY LOCAL REGISTRAR



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH April 6, 1952 (Type or Print) JOSE JOSEPH PEREZ 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital Maryland (If outside corporate limits, write RURAL and give township) Baltimore man Pk. Drive & 31st St. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 704 S. Broadway c. Length of stay in Baltimore Days 9. AGE (in years li Under 24 Hours last birthday) Months; Days Hours Min. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE I 7, SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Spain Seafarer Utilityman USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jose Perez Josephine Garcia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL US PHS Hospital, Balto, Md. SECURITY NO. 091-16-5807 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Ureteral obstruction, bilateral, LEADING TO DEATH Iinknown (This does not mean the mode of dying, e.g., with uremia heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Adenocarcinoma of rectosigmoid, RTIFICATION recurrent DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY AT WORK 1952 to Apr. 6 , 1952, that I last saw the Mar. 11 22. I hereby certify that I attended the deceased from___ and that death occurred at 12:57Pm., from the eauses and on the date stated above. deecased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE US PHS Hospital, Balto, Md. Medical Officer in Charge 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Bureal ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

m (m) the state of the s

BALTIMORE CITY HEALTH DEPARTMENT 52 3379

1.1	CERTIFICATI	E OF DEATH Registered N	6. 00/6				
	IRTH NO.						
	1. NAME OF DECEASED (Type or Print)	2. DATE	2. DATE				
	Matthew Cenner	DEATH 4-5-52					
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission					
	3. FULL NAME OF (If not in hospital or institution, give street address or		before admission				
	NSTITUTION Baltimere City Hespitals location)						
	4940 Eastern Avenue	Baltimore township					
	Yrs.	D. STREET ADDRESS (If rural, give location)					
	Mos.						
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years)	Under I Wasse M. D. J. G. S.				
	WIDOWED, DIVORCED (Specify)	last birthday) Mor	Under I Year If Under 24 Hours this Daye Hours Min.				
-	M W single	Oct. 24, 1916 35					
	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	none	Md.	WHAT COUNTRY				
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Matthew Conner (")	B-1 22 B	100 100 170				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Estelle Frag					
0	(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Recerds-Baltimore City Hespitals					
	5,0-05.5800	1940 Pastern Ave.	fig. T. P.				
	18. 002 x , CAUSE (OF DEATH	ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH				
	(This does not mean the mode of dying, e.g., (A) Pulmenary Tuberculesis						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		1 Yrs.				
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-						
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
1	(c)						
i i							
H	OTHER SIGNIFICANT CONDITIONS CON-						
L	TRIBUTING TO THE DEATH, BUT NOT RELATED						
0	194 DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	10 days					
-	198. MAJOR FINDINGS OF OPERATION						
DICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give						
C	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
2	CAUSE OF BEATH						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	ED 21F. HOW DID INJURY OCCUR?					
	m. WHILE AT NOT WHILE						
4	deceased alive on 45, 1952, and that death occurred at 3:45P m., from the causes and on the date stated above						
	(24 / 1-		23C. DATE SIGNED				
	M. O. 17	RY OR CREMATORY 240. LOCATION (City, town,	1976.				
	ION, REMOVAL (Specify)	AT OR CREMATORY 24B. EUCATION (City, town,	or county) (State)				
-	Bureal 4-8 32 Holy 18e	deemer pains n					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS				
	APR 7-1051 1- 1. 9 512 13 15	Telled Seil oh 4033.	dolla A.				
=	VS 150 Turlington Villagus 1	3 8 0 7 0					
	y maure, ma						

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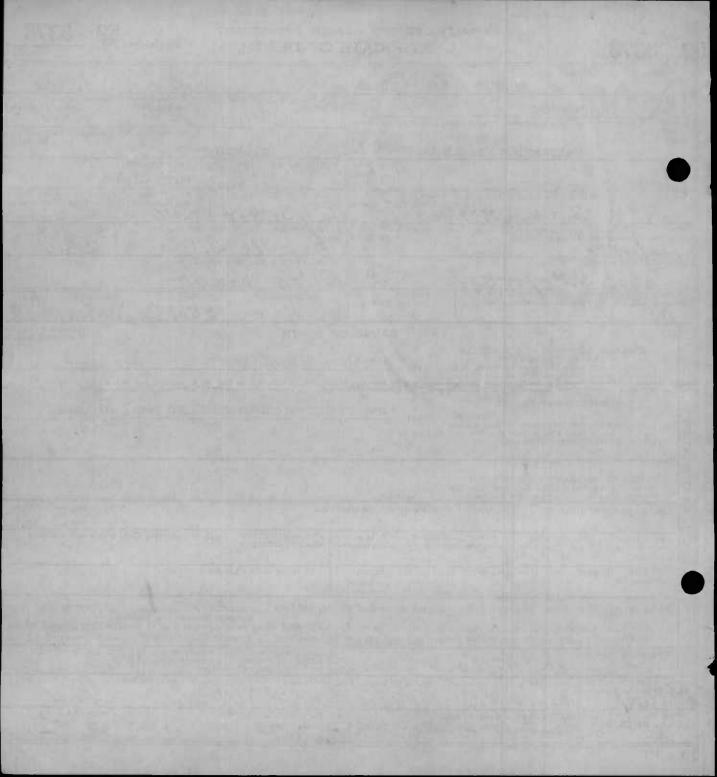
BALTIMORE CITY HEALTH DEPARTMENT

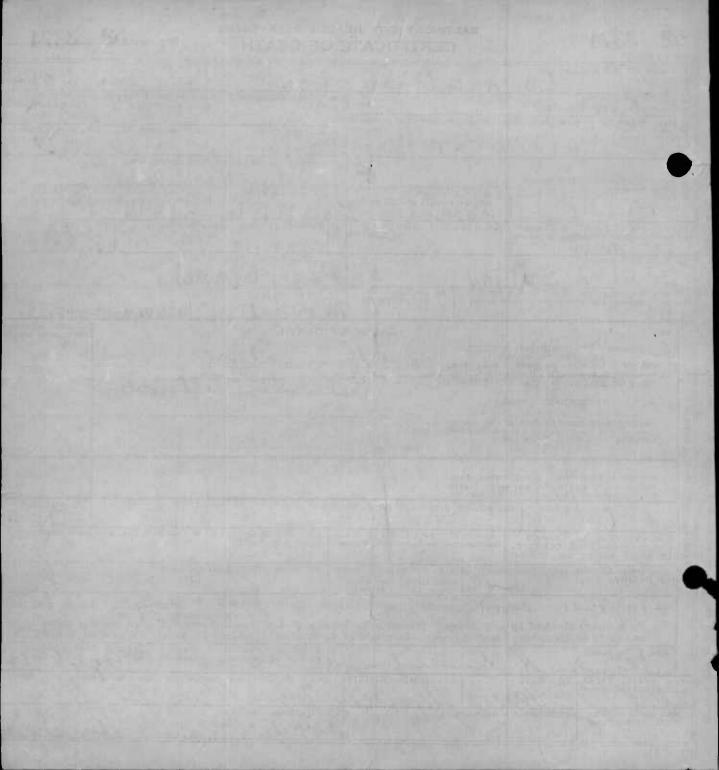
52 3373

12	IRTH NO. 73		CE	RTIFICAT	E OF DEAT	H	Registered	No.	
1.	NAME OF D Type or Print)		BERT Le	e meyers		2	DATE OF DEATH ADI	il 3.	1952
	. PLACE OF D Baltimore (4. USUAL RESID	ENCE (When		f instituti	
H	FULL NAME OSPITAL OR ISTITUTION			rive street address or location)	C. CITY OR TOWN		side corpora e ind	its whit	RURAL and give
	V	Universit	y Hospita	Yrs.	D. STREET ADDR	Ltimore	al give loss is a		
	langth of s	tay in Baltimore		Mos.			berry Stre	ent.	
1	. SEX	6. COLOR OR RACE	7. SINGLE, MA		8. DATE OF BIRT		AGE (In years last birthday)		ar If Under 24 Hours
11-	Male	Colored	Marris	DIVORCED (Specify)	July3,19	1/4	37	-	
wor	k done during most o	CUPATION (Give kind of for working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)		TIZEN OF
13	FATHER'S N)	- b- 4	14. MOTHER'S MA	AIDEN NAME	=	· u.	Dilli.
	V2001	5 Meye	45		Ellen	Vous	9		
	MAS DECEASE M, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date		SOCIAL SECURITY NO.	POV MOVE	MS 23	508 Ca/	Ph To	a Heighte
	18.442	X		CAUSE	OF DEATH				ERVAL BETWEEN
	DISEAS	E OR CONDITION						ONS	SET AND DEATH
	heart failu	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which	of dying, e.g., ans the disease,	(A) Cerel	oral hemorrha	age			
	ANTECEDENT CAUSES								
z	Hypertensive cardiovascular renal dis							alse	ase
Lion	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.								
CA									
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON-								
		TO THE DEATH, BUT ISEASE OR CONDITION		***************************************					•••••
O.	194. DATE OF OFERATION							20	O. AUTOPSY?
AL	214 FYTER	NAL CAUSE WAS	1 21B. PLACE O	OF INJURY (e.g., i	n or 2 IC. WHERE I	OID (If in	Baitimore City,	give exa	
EDIC	UNDERLYING	G OR CONTRIB-		ctory, street, office bldg.,			,	200	,
5	210. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 21E. WHILE m. WORK			INJURY O	CCUR?		
	22. I certif	y that I took char			bove, held an	Autor	sy	ther	eon and from
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident A, suicide A, homicide A, undetermined A.								
	23A. SIGNAT		6.0	· Traver at Canada	238. CHIEF M	EDICAL EXA	MINER 2		E SIGNED
	4. 8000141 6	REMA-1 24B. DATE	man		.D. MEDICAL INV	ESTIGATOR		April	
2	AA. BURIAL, CON, REMOVAL (9)	pecify)	1950 (1	Istulus	Memorial	arlie	City, town	, or count	(State)
	ATE RECEIVED		S SIGNATURE,	141A 150	25. FUNERAL DIR	RECTOR		ADDRI	ESS 322N
		1952 Juneing	La rette	444	Mars Mate	1 R.W	Mamo	John	reservat
i v	S 151			9)09	9				W
_									

V S 151

correct ago is especially important. Thysicians: please write the causes of death truth





BALTIMORE CITY HEALTH DEPARTMENT Registered No.2 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If-outside corporate limits, write RERAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS If rural, give location) Yrs. Mos c. Length of stay in Baltimore Davs 9. AGE (In years) If Under I Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Widow 11 maxs 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or ooknown) (If yes, give war or dates of service) SECURITY NO 10 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 190 200 1911 that I last saw the

20. AUTOPSY YES X (If in Baltimore City, give exact location)

hefore admission)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

22. I hereby certify that I attended the deceased from 195 2 and that death occurred at 10 deceased alive on_

238. ADDRESS

Lim., from the causes and on the date stated above. 23C. DATE SIGNED

23A. SIGNATURE

24C, NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-248 DATE TION, REMOVAL (Specify)

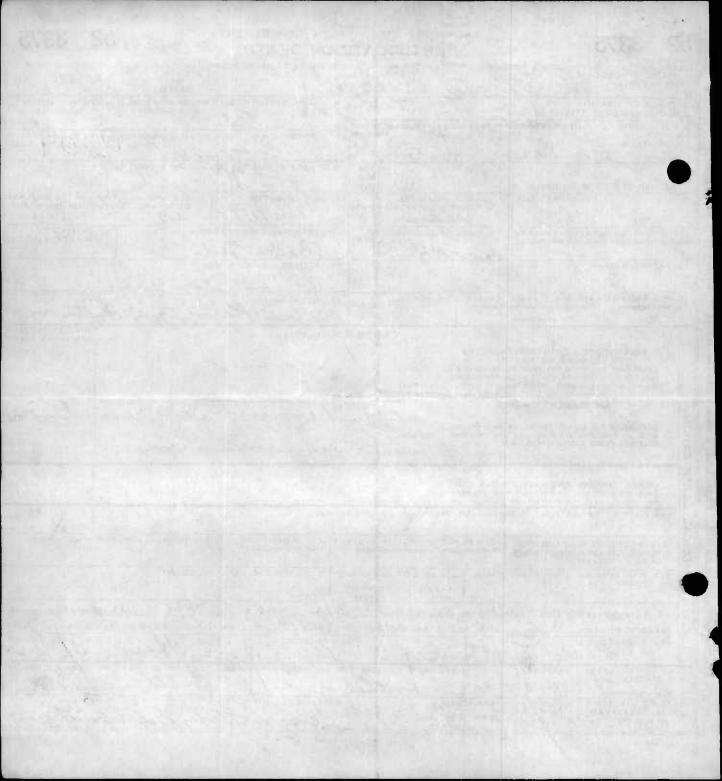
24D. LOCATION (City town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL

ADDRESS

VS 150

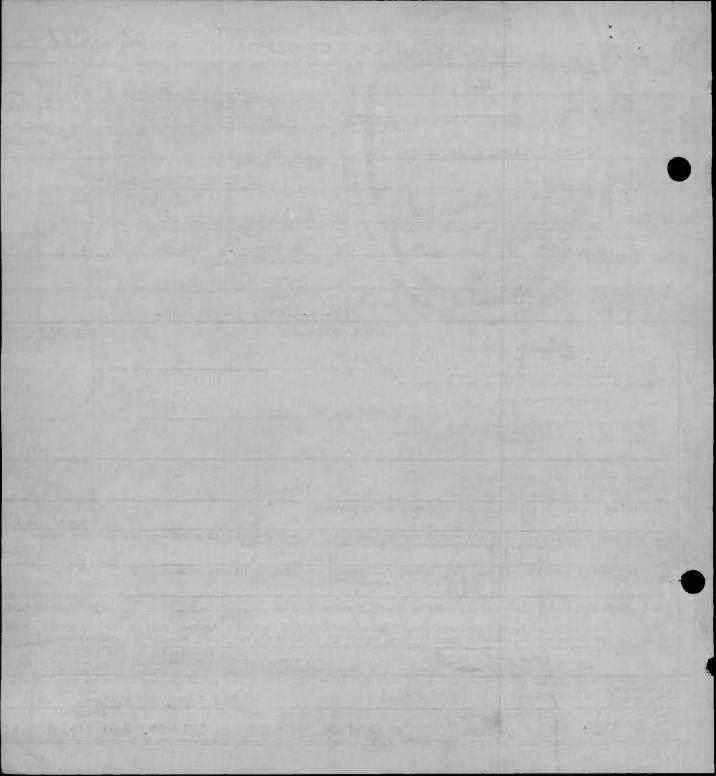


	CITY HEALTH DEPARTMENT	52 3376 Registered No.				
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:	AYNE COLE	2. DATE OF DEATH Where deceased lived 4 institution residence				
A. Baltimore City, Maryland	A. STATE	B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION) Weeksult Hospital	2 (1)	f outside corporate limits, write [4] [A] and give				
c. Length of stay in Baltimore	Mos All Sin Y	Fural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR WIDOWED, DIVOR	D. B. DATE OF BIRTH	9. AGE (In years last birthday) Il Under I Year Il Under 24 Rours Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of the first work done during most of working life, even if retired)	NESS OR INDUSTRY	foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	Maria	Auderran				
	JRITY NO. 17. INFORMANT	ADDRESS				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Acidents & Delta disease, Due to						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1 19A. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, st CAUSE OF DEATH		(If in Baltimore City, give exact location)				
OF INJURY WHILE AT	RY OCCURRED 21F. HOW DID INJUR	Y OCCUR?				
22. I hereby certify that I attended the deceased from 4/5, 1953 to 4/6, 1953 that I last saw deceased alive on 4/6, 1952, and that death occurred at 5:45m., from the causes and on the date stated about						
23A. SYGNATURE K. Corter	M. D. Lui versite	1020. 23c. DATE SIGNED				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 4/9/6 2 24C. NAME	. National Ba	OCATION (Fity, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR & S. Win Cook. &	C., 1217 fb. Paul fb.				
VS 150	211-11-11-11-13-3	6				

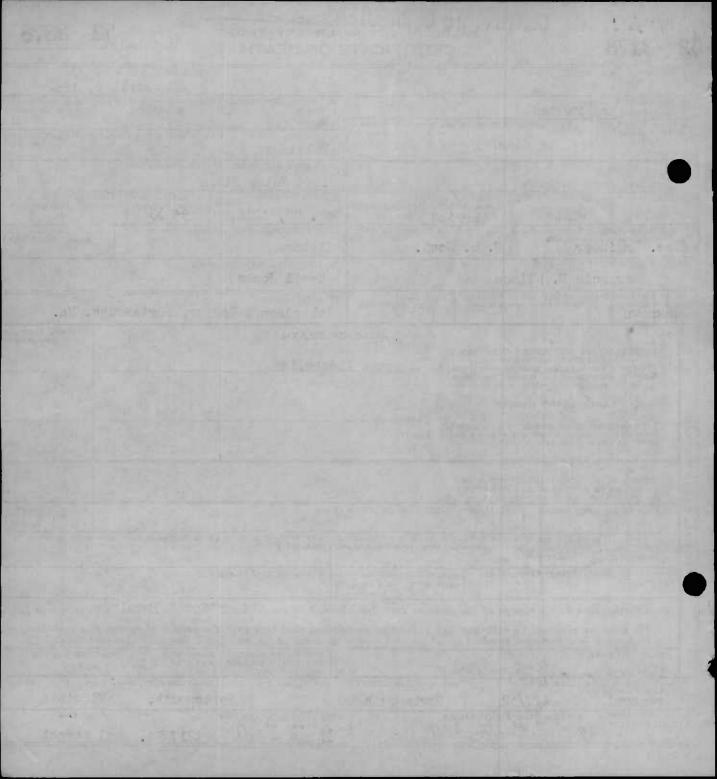
correct as is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 33177

)E	RTH NOS	/		CERTIFICAT	E OF DEAT	П .		4 210	
	NAME OF DE		VALLE	EADS (EA	AST)	2. DA O DE/	E .	pril 3,	1952
	Baltimore C	ity, Maryland			4. USUAL RESID		eased lived		n : residence fore admission)
B. H	FULL NAME OSPITAL OR		al or institut	tion, give street address or location)	c. CITY OR TOWN	yland			URAL and give
	17	Johns Hopk	ins Hos	pital		timore	6	-0-	township)
				Yrs. Mos.	o. STREET ADDR				
	Length of st	ay in Baltimore	7 012:01	Days	L B. DATE OF BIRTI	4 E. Baltin	nore S		If Under 24 Hours
	Female	White	WIDOY	E. MARRIED. VED. DIVORCED (Specify) BITLED	6/15/1924	last	birthday)	Months Day	Hours Min.
wor	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign co	untry)	12. CITI WHA	ZEN OF
_		Housewife	Own	Home	Walker	Co., Alaba	uma		
13	3. FATHER'S N	Audie	Works		14. MOTHER'S MA				
10	WAS DECEASE	D EVER IN U. S. ARMEL		16. SOCIAL	Mary	(Unknown)			
(Ye	a, no or unknown)	(If yes, give war or dute	s of service)	SECURITY NO.	17. INFORMANT	Tooman Al		ADDRESS	
	No	1 4			W. L. Legg,	Jasper, Al	.a.		RVAL BETWEEN
CERTIFICATION	(This does heart failur in jury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING TO THE DI	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA IS GON CONDITION LA IS GON CONDITION LA IS GON CONDITION LA IS GON CONDITION LA TO THE OBERTH, BUT TO THE OBERTH, BUT TO THE OBERTH, BUT TO SEASE OR CONDITION F OPERATION 1	TH of dying, e, ns the disea; caused deatl EES F ANY, GIVII STATING T ST. TIONS COI NOT RELAT CAUSING	g., (A) Fatt se, h.) DUE TO (B)	nic alcoholi	sm			AUTOPSY?
AL								YES	
EDICAL	UNDERLYING	AL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 2 IC. WHERE E		timore Cit	y, give exact	location)
Š	210. TIME () OF INJURY	Month) (Day) (Year)		2 IE. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCU	R7		
	22. I eertif	y that I took char	ge of the	remains described	bove, held an	Autop			on and from
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.							iined [].	
	23A. SIGNAT	190	Fr		.D. MEDICAL INV	EDICAL EXAMIN EDICAL EXAMIN ESTIGATOR	ER	April	4, 1952
	4A. BURIAL, C ON, REMOVAL (SI removal	4/7/52		24c. NAME OF CEMETE Eldridge		Eldridge		Alabama	
	ATE RECEIVED CAL REGISTE APR 7 - 1		ston!	Vellislies MFR	25. FUNERAL DIR	_	St.	ADDRES Paul Str	
V	S 151	1				11			



Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH April 6, 1952 FRANCIS WILSON 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF of not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Marvland General township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 1606 Eutaw Place c. Length of stay in Baltimore Davs 8. DATE OF BIRTH 1918 9. AGE (In years last birthday) Months: Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE Oct. 28. 1916-Male White Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Elec. Engineer INDUSTRY WHAT COUNTRY? U. S. Govt. Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis H. Wilson Cecil Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Richardson & Foster, Portsmouth, Va. unknown INTERVAL BETWEEN 18. 3 2 2 1 0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Acute Alcoholism heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: NO X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Virginia Portsmouth Portsmouth. removal DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE, 151



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BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 3379

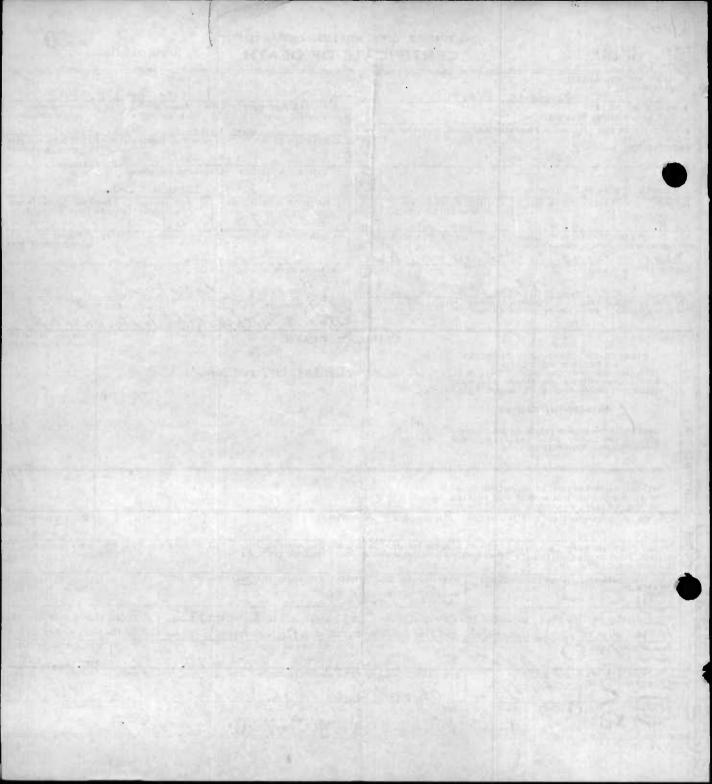
BIRTH NO.			LICITI IOAT	- OI DEATH				
1. NAME OF (Type or Print)		san	Feldman			TE H	-6-	-52
	City, Maryland 🗘	4474	2	4. USUAL RESIDE		ceased lived. I		on: residence pefore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	JOHNS HOPKINS	HOSPITAL	n, give strect address or Iocation) -	C. CITY OR TOWN	(If outside	orporate lim	its, write I	RURAL and give township)
c. Length of	stay in Baltimore		Yrs. Mos. Days	STREE PADDRE	SS (If rural, gi	ve location)		
5. GEX	6. COLOR OR RACE	7. SINGLE, WIDOWE		8. DATE OF BIRTH	9. AG	E (In years birthday) M	li Under 1 Yea Ionths Da	ar If Under 24 Hours Lys Hours Min.
10A. USUAL O work done during mos	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign co	ullry)		TIZEN OF HAT COUNTRY
13. FATHER'S	es tel	dma	n	14. Magher's MA	IDEN NAMED	erlie	d	
15. WAS DECEA: (Yes, no or unknown	SED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. AFORMANT JOHNS	HOPKINS HO		ADDRESS	5
Z CISEASE RISE TO UNDERLU OTHER TRIBUTIN	ASE OR CONDITION E LEADING TO DEAT es not mean the mode of lure, asthenia, etc. It mean r complication which es ANTECEDENT CAUSI ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAS	If dying, e.g., as the disease, aused death.) ES ANY, GIVING STATING THE ST. FIONS CONNOT RELATEO	DUE TO PLANT	lo Sepur Ural Cone Issis F	esital hydro	Wrem by & well		who?
	OF OPERATION 19	OB, MAJOR F	ATION				D. AUTOPSY?	
	DENT WAS UNDER- OR CONTRIBUTING	21B. PLAC	E OF INJURY (e. g., i m,factory,street,office bldg.,	n or 21c, WHERE D		ltimore City,		
21D. TIME OF INJURY	(Month) (Day) (Year)	WH	E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK	ED 21F. HOW DID	INJURY OCCU	R?		
deceased of	22. I hereby certify that I attended the deceased from 3 3 1, 1957, to 4-6, 1957, that I last saw deceased alive on 4-6, 1952, and that death occurred at 3.157m., from the causes and on the date stated about							
24A. BURIAL.	CREMA- 24B. DATE	24	C. NAME OF CEMETE		KINS HOSPI	N (City, tow)	n or count	7-52 ty) (State)
DATE RECEIVE	al 4-1-	52.	york,	25. FONERAL DIR	Jour.	E, Oc	ADDRI	ESS(')
LOGAPRETS	17952 Huntin	aton of	Mindis My	Jon for	of In	121	175	Parts 2
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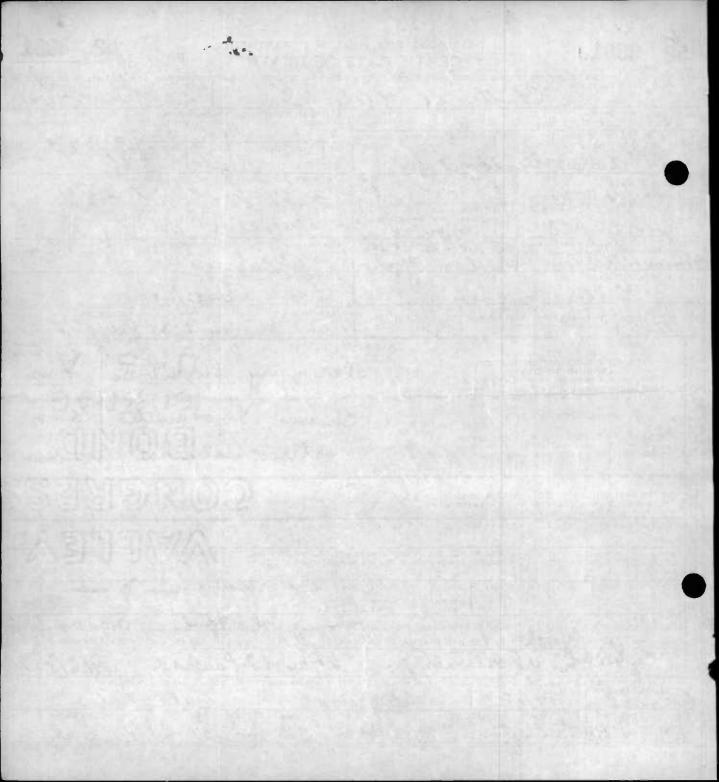
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3380 Registered No.

DIKTH NO.				
1. NAME OF DECEASED (Type or Print)	. Edward		2. DATE OF DEATH Dri	L. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospital	or institution, give street address or	Marv1	and	m . 1
HOSPITAL OR	location)	c, CITY OR TOWN	f outside corporate limi	s, write RURAL and give ownship)
St. Jose	ph!s	Balti		
	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c. Length of stay in Baltimore	Mos. Days	2797	Alameda BIvo	
	7. SINGLE, MARRIED.	8. DATE OF BIRTH	O ACE UP VORTE	I Hadar 1 Vanc I II Hadar 24 House
M. W.	WIDOWED, DIVORCED (Specify)	9/8/1873	last birthday) Me	onths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of	IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)	OL O INDUSTRY			WHAT COUNTRY?
Dakes Managen	Charp + Kohne	Balt	imore	
13. FATHER'S NAME	DRUGE (m)	14. MOTHER'S MAIDEN	NAME	Secretary and the second
Voselih Plu	x K ETT	Susan (Un Known,	
15. WAS DECEASED EVER IN U. S. ARMED	FORCEST 16. SOCIAL	17 INFORMANT		DDRESS
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	Sal 2 m Dels 1	11-17 2	DURESS DI
		That M. MIChak	1505 Ruth	reage Ka.
18. 1/2 / 1	CAUSE (OF DEATH		INTERVAL BETWEEN
18. 420.1	AT The production of the second of the secon			ONSET AND DEATH
DISEASE OR CONDITION D	H			
(This does not mean the mode of	dylng, e. g., (A)	ardial infarction	on	
heart failure, asthenia, etc. It mean Injury or complication which ea				
	332 13			
ANTECEDENT CAUSE	S			43.5
Z	(B)	***************************************	***************************************	
DISEASES OR CONDITIONS, IF	ANY, GIVING STATING THE DUE TO			
UNDERLYING CONDITION LAS				
0	(C)		•••••••	
L.				
OTHER SIGNIFICANT CONDIT	TONE CON			
III TRIBUTING TO THE DEATH, BUT N	IOT RELATED			
TO THE DISEASE OR CONDITION	CAUSING IT.		0 0	
, 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City.	give exact location)
LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg., e	(.a) INJURY OCCUR?		
210. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJUF	2V OCCUR?	
OF INJURY			., 000011	
	m. WORK NOT WHILE			
22 7 1 1 1 7		: 7 L 10 E2 A	nni] 105	2 short 7 look on the
22. I hereby certify that I atte	naed the deceased from pr	11 H, 19 54 to A	DUTT 4 197	that I tast saw the
	, 19.52. and that death occur		the causes and on t	he date stated above.
23A. SIGNATURE	2	3B. ADDRESS		23c. DATE SIGNED
- / 191	13 & M.D.	1400 N. Carolin	e St.	Apr. 1, 152
24A. BURIAL, CREMA- 24B. DATE		RY OR CREMATORY 24D.		, or county) (State)
24A. BURIAL, CREMA- 24B. DATE	1- 344 (1)		D 11 101	7000
Burial 11	32 Morekan	d Park	rankville	nd.
DATE RECEIVED BY DECISTRAD'S	SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTRAR	to 1/11:00 11	100 P D OD-	1010 CK Z	0.4
MIII / JUL I Tunk	inglore Williams, Mil	105 4075 MC.	12/01.16	w. V.
VS 150	200 47			



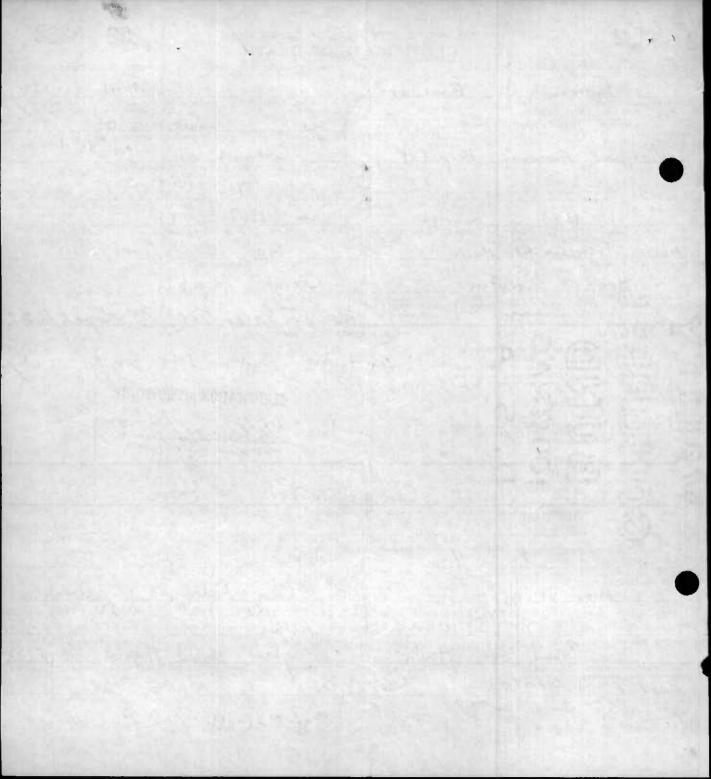
	52 3381		TE OF DEATH	Registered No. 3381
	IRTH NO.	CERTIFICA	TE OF BEATH	4
	NAME OF DECEASED Type or Print)	Charles M. Mo	chin Sr. 2.	DATE OF 464/52- 1:24.
A.	PLACE OF DEATH: Baltimore City, Marylan	nd	4. USUAL RESIDENCE (Where	deceased lived. If institution: residence B. COUNTY before admission)
H	FULL NAME OF (If not in OSPITAL OR ISTITUTION	n hospital or institution, give street addre	:	de corporate limits, write RORA, and give
		Guilford an	Balt	township
C.	Length of stay in Baltim	M	rs. D. STREET ADDRESS (If rural, ays) 2637 Suit	give location)
5	SEX 6.COLOR OR		8. DATE OF BIRTH 9.	GE (In years If Under I Year If Under 24 Hours ast birthday) Months; Days Hours Min.
10	DA. USUAL OCCUPATION (Giv	E Marhied Rekindof 199KINDOF BUSINESS OF	11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF
Wor Ze	k done during most of working life, even if	. 2 4 01 11.	o arkunsus	WHAT COUNTRY
13	3. FATHER'S NAME	21 0.	14. MOTHER'S MAIDEN NAME	4
	S. WAS DECEASED EVER IN U. S.		17. INFORMANT	ADDRESS
(10	es, no or unknown) (If yes, give was	r or dates of service) SECURITY N	Helen E. Machin	2637 Guilford Wor
	18. 420,1		SE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDI- LEADING TO (This does not mean the	DEATH mode of dying, e. g., (A)	Coronary Th	remboris 5 min
	heart failure, asthenia, etc. injury or complication w	It means the disease, which caused death.) DUE TO		8
7	ANTECEDENT		chienie Myor	carolitis 6 mo.
OF	DISEASES OR CONDITION	SE (A) STATING THE DUE TO	certerio sele	1 4 4 4 1 4 4 4
ICA	UNDERLYING CONDITI	(C)	white sea	roces I festi.
RTIF	OTHER SIGNIFICANT	CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH TO THE DISEASE OR CON	I, BUT NOT RELATED		
AL	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UND LYING OR CONTRIBUTION CAUSE OF DEATH	218. PLACE OF INJURY (e about home, farm, factory, street, office b		Baltimore City, give exact location)
	21D. TIME (Month) (Day) OF INJURY			CUR?
		m. WHILE AT NOT W	DRK L. I	
		t I attended the deceased from	coursed at 9 P. m. from the ea	uses and on the date stated above
	23A. GNATURE	Wortini &	2706 Sh Paul	23c. PATE SIGNED 4/6/52.
2 Tt	AA. BURIL , CREMA 24B. D	DATE 24C. NAME OF CEM	13 0 0	TION (City, town, or county) (State)
D	ATE RECEIVED BY REGIS	19/32 WITTE	25. FUNERAL DIRECTOR	alto. Md. ADDRESS
L	APR 7-1952 Ha	itington Williams 15	2 Wm Con Inc. 121	7 St. Paul J.
	VS 150	290	8x	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52, 3382 Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
William J. Greentre	DEATH MOTEL 3, 1932
3. PLACE OF DEATH: A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limit, True hU AL and give township)
Maryland General Hospital	Baltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work dooe during most of yorklog life, even if retired) INDUSTRY	WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. PATHER'S NAME	C I A I
HENRY Greentree	Jarah Kovenburg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unhoowe) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
116	Many V. JAZENIAES Mt. Koyal Notel
18. E 903.0 CAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	"La C & Later Faring 16 de
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	muted tracture, lett pemun 16 day
injury or complication which caused death.) DUE TO	ADDROVED BY
ANTECEDENT CAUSES	CERTIFICATION APPROVED BY
DISEASES OR CONDITIONS, IF ANY, GIVING	1410-16-38
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	William (Callados)
(c)	CHIEF OR ASST. MEDICAL EXAMINER.
OTHER SIGNIFICANT CONDITIONS CON-	Failure Avenia
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21A ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 8.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	
CAUSE OF DEATH Home	MY · Caryal Hale!
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF	
Mar 21 1902 m. WORK AT WORK	Depend + For to ground
22. I hereby certify that I attended the deceased from3	-31, 195) to 4-5, 49 S, that I last saw th
deceased alive on 4-5, 195 and that death occu	
	Moreland Langel Hospital 4-5-5
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	FRY OR CREMATORY 240 OCATION (City from or county) (State)
TION REMOVAL (Specify)	
BATTAL 1 10-1 WITH	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	454 Q 4 00 0x - P Q Q 1 T
ADR 7-1952 Tourtuglor Vollalus, 150	
111111111111111111111111111111111111111	Mary Jac. 1217 Or. Tank J.
vs 150 N 820.0	11- 301 Juc. 1217 Or. Pank St.



2 3 5 52 3383

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3383

1.	RTH NO.						
(T	NAME OF D	ECEASED	CAROL	TAND / CADDID	\ DUGEOMETH	2. DATE OF	150
			CAROL	INE (CARRIE) DUCKSTEIN	DEATH 4/	7
3. A.	s. PLACE OF DEATH: A. Baltimore City, Maryland 327 Patapsco Ave.				4. USUAL RESIDENCE (V	here deceased lived, I B. COUNTY	f institution: residence before admission)
В.	FULL NAME	OF (If not in hospita	al or institution	n, give street address or	Md.		166
IN	SPITAL OR			location)	C. CITY OR TOWN (If	outside corporate lim	its, write LULAL and give (wnship)
10					Baltimore	1-	J Wilsing)
				Yrs.	D. STREET ADDRESS (If		
c.	Length of s	tay in Baltimore		Mos. Days	327 Patar	sco Ave.	
-	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
	73	245	WIDOW	ED, DIVORCED (Specify)	4 /E /TOTE	last birthday) M	lonths Days Hours Min.
10	A LISUAL OC	CUPATION (Give kind of	100 KIND	OF BUSINESS OR	4/5/1875 11. BIRTHPLACE (State or fo	woign country)	12. CITIZEN OF
work	done during most	of working life, even if retired)	IOB. KIND	INDUSTRY	II. BIRTHPLACE (State of It	reigh country)	WHAT COUNTRY?
	Housew		Home		Baltimore		
13	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
			rick Sch	aefer	Caroline	?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or detee of service) SECURITY NO.			17. INFORMANT		ADDRESS		
(20	(Yes, no or unknown) (If yes, give wer or detee of service) SECURITY NO.				Family - Same		
		0 1		CALICE	OF DEATH		INTERVAL BETWEEN
	Tal	0.1		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION	ГН	con	man soul		
		not mean the mode ore, asthenia, etc. It mea			vaay our		
	injury or	complication which c	aused death.	DUE TO			
		ANTECEDENT CAUS	ES			1.	
7	Z repetitive cards for e					844.	
Q		S OR CONDITIONS, II			de	rare	
AT	UNDERLY	ING CONDITION LA	STATING THE				
Ö				(C)	***************************************	*******************************	***************************************
RTIFIC							
R		IGNIFICANT CONDI					TO THE ELECT
出		TO THE DEATH, BUT					
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							
U	21A. ACCID	ENT WAS UNDER-	1 21B. PLA	CE OF INJURY (e.g., I	1 /		YES NO M
	LYING O					I in Baltimore City,	give exact location)
EDI	CALLEE OF	R CONTRIBUTING		rm, fectory, street, office hldg.,		if in Baltimore City,	1 .00 - 110 -
MEL	CAUSE OF	R CONTRIBUTING DEATH	about home, fe	rm, fectory, street, office hldg., e	stc.) INJURY OCCUR?		1 .00 - 110 -
NEC	CAUSE OF	R CONTRIBUTING	about home, fe	nm,fectory,street,office hidg.,	ED 21f. HOW DID INJURY		1 .00 - 110 -
MEC	CAUSE OF	R CONTRIBUTING DEATH	about home, fe	rm, fectory, street, office hldg., e	ED 21f. HOW DID INJURY		1 .00 - 110 -
HEL	21D. TIME OF INJURY	R CONTRIBUTING□ DEATH (Month) (Day) (Year)	about home, fe (Hour) 2 m.	TE. INJURY OCCURR HILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	give exact location)
NEC	21D. TIME OF INJURY	R CONTRIBUTING ☐ DEATH (Month) (Day) (Year) y certify that I att	(Hour) 2 m. cended the c	TE. INJURY OCCURR HILE AT NOT WHILE HORK AT WORK AT WORK	ED 21F. HOW DID INJURY 1944, to	agen, 195	give exact location)
NET	21D. TIME OF INJURY 22. I hereb deceased a	R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att live on approximately	(Hour) 2 m. cended the c	TE. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK leceased from nd that death occur	ED 21F. HOW DID INJURY 1944, to	agen, 195	give exact location) 7, that I last saw the the date stated above.
JEL	21D. TIME OF INJURY	R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att live on approximately	(Hour) 2 m. cended the c	TE. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK leceased from nd that death occur	ED 21F. HOW DID INJURY 19 17, to Ted at, 19 17, to	agen, 195	give exact location)
国 24	21D. TIME OF INJURY 22. I hereb deceased a	R CONTRIBUTING ☐ DEATH (Month) (Day) (Year) y certify that I att live on. TURE CREMA- 248. DATE	about home, for (Hour) 2 w w. conded the of 1957.	TE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK RECEased from and that death occur	ED 21F. HOW DID INJURY 1917, to mod at m., from t 38. ADDRESS 302 Palaps	agen, 195	give exact location) 7, that I last saw the the date stated above. 23c. PATE SIGNED 4/5/52
三 24	22. I hereb deceased at 23A. SIGNA	R CONTRIBUTING ☐ DEATH (Month) (Day) (Year) y certify that I att live on. TURE CREMA- 248. DATE	about home, for (Hour) 2 w w. conded the of 1957.	TE. INJURY OCCURRIBILE AT NOT WHILE AT NOT WHILE AT WORK deceased from nd that death occur at the control of the control occur.	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 19 11, to 13B. ADDRESS 302 ALANS RY OR CREMATORY 24D. L	Cycomer 195 he causes and on	give exact location) 7, that I last saw the the date stated above. 23c. PATE SIGNED 4/5/52
三 110 D/	22. I hereb deceased at 23A. SIGNA. AA. BURIAL. (S	R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att live on Green TURE CREMA- Specify) 4/8/52 D BY REGISTRAR	(Hour) 2 w conded the conded the conded the conded the conded the conded the condens to the cond	TE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK RECEASED from 12 March	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 19 11, to 13B. ADDRESS 302 ALANS RY OR CREMATORY 24D. L	he causes and on OCATION (City, town	give exact location) 7, that I last saw the the date stated above. 23c. PATE SIGNED 4/5/52
当 110 D/	22. I hereb deceased at 23A. SIGNA. AA. BURIAL. (SDN, REMOVAL (SDN)	R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att live on Green TURE CREMA- Specify) 4/8/52 D BY REGISTRAR	(Hour) 2 w conded the conded the conded the conded the conded the conded the condens to the cond	TE. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK RECEASED from 12 March	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 19 17, to 13B. ADDRESS RY OR CREMATORY 24D. L Bal	he causes and on OCATION (City, town	give exact location) 7, that I last saw the the date stated above. 23c. PATE SIGNED 4,5,5,2 n, or county (State)

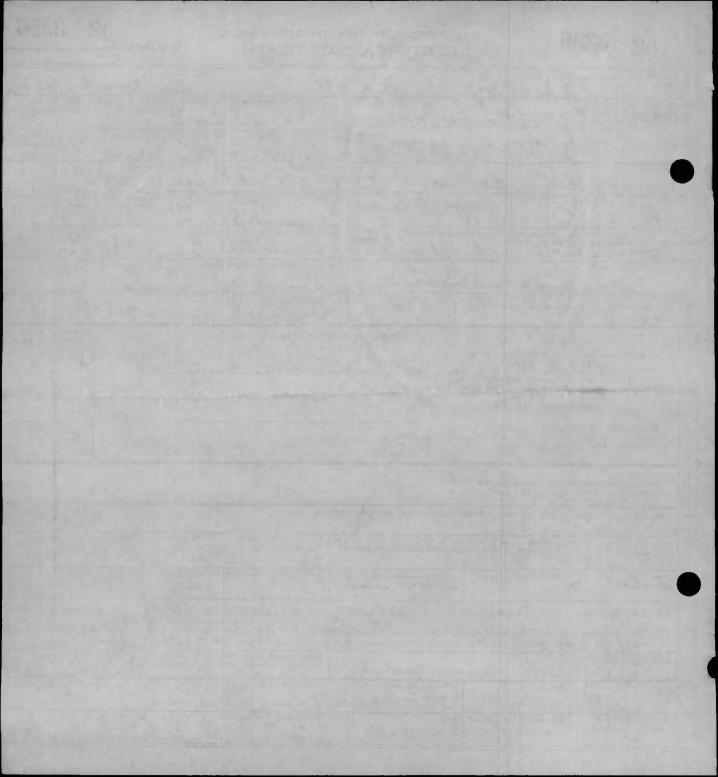
561	0	EMIRIC	ATE CORREC	TEO 4-8-52.		
52 3	3671 157735	BAL		EALTH DEPARTMENT E OF DEATH	Registered 2	3384
1. NAME OF I	DECEASED				12 0475	
(Type or Print)		Semmervi:	lle , er Ida	May Semerville	2. DATE OF DEATH	52
	City, Maryland			4. USUAL RESIDENCE (nstitution: residence before admission
B. FULL NAME HOSPITAL OR	OF (If not in hospi	tal or institution	n, give street address or		f outside corporate limits	Weigh, DTIRAT and sin
INSTITUTION	4940 Ba	Stern Av	0.	Baltimere	16	township
		700.	Yrs, Mos.	D. STREET ADDRESS (I		
c. Length of	stay in Baltimore	Life	Days	1405 Pepular		
Female	White		D, DIVORCED (Specify)	0et. 21, 1865		Under Year If Under 24 Hours this Days Hours Min.
10A. USUAL, OG work done during most	CCUPATION (Give kind of t of working life, even if retired,	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF WHAT COUNTRY
13, FATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME	
	Harrison	Millian	Semerville	Jane Cunning	ham:	
15. WAS DECEAS	(If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Recere		DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20.						20. AUTOPSY? YES NO [ive exact location)
DF INJURY			HILE AT NOT WHILE			
	by certify that I at	tended the d	eceased from 3-24	-52 , 19 , to A	pril 5 , 19.52 the causes and on th	
23A, SIGNA		Cos	2	38. ADDRESS		23c. DATE SIGNED
24A. BURIAL. TION, REMOVAL (CREMA- 24B. DATE	0 2	4c. NAME OF CEMETE		PCATION (City, town,	
Burial	April 8,	1952	Greenmount C	emetery Rel	Ltimore, Md.	
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR	S SIGNATUR		28 ENERAL DINECTOR		10 Liberty
AFR /	1996 Humbres	alder VV	tiers of	Jugar Run	oreau He	ights Ave.
VS 150				0 0 0 11)	

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3387 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH OLA 4. USUAL RESIDENCE (Where deceased livid, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street a glress or B. FULL NAME OF HOSPITAL OR cation) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL al, give location) Yrs. D. STREET ADDRESS Mos c. Length of stay in Baltimore Davs 9. AGE In years | 11 Under 1 Year | 11 Under 24 Hours | Inst birthday) | Months Days | Hours Min. 5 SEX 6. COLOR OR RACE SINGLE, MARRIED WIDQWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR PATION (Give kind of 11. BIRTHPLACE (State or foreign country) working life, even if retired) during most of 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DHE TO (C) Ĭ OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\overline{\mathbf{0}}$ 198. MAJOR FINDINGS OF OPERATION 20. AU70PSY 19A. DATE OF OPERATION DICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! . 1952 to 4-4 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from 4-3 _, 1952 and that death occurred at 10 4k., from the causes and on the date stated above. deceased alive on___ 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 4-5-62 24d. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-REMOVAL (Specify) mucal ADDRES DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

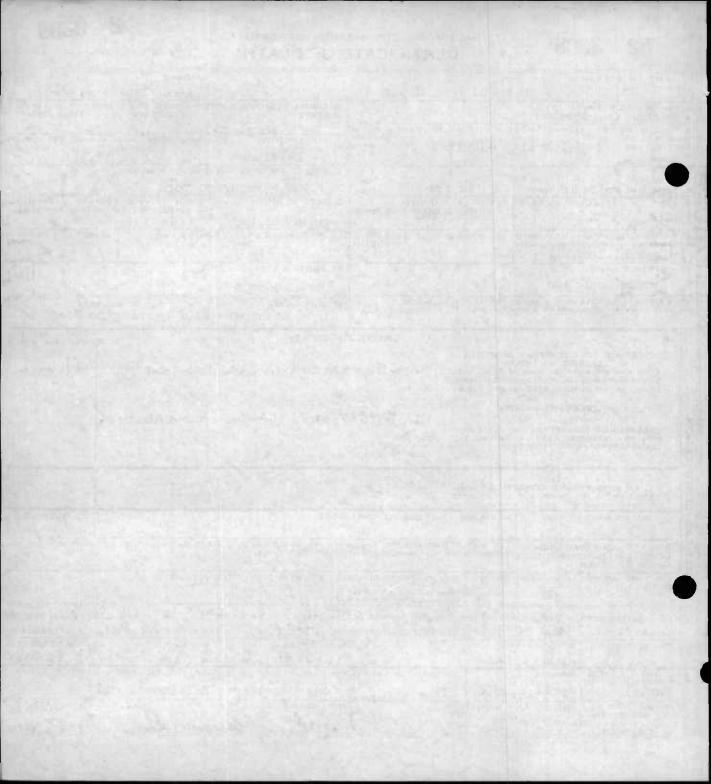
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

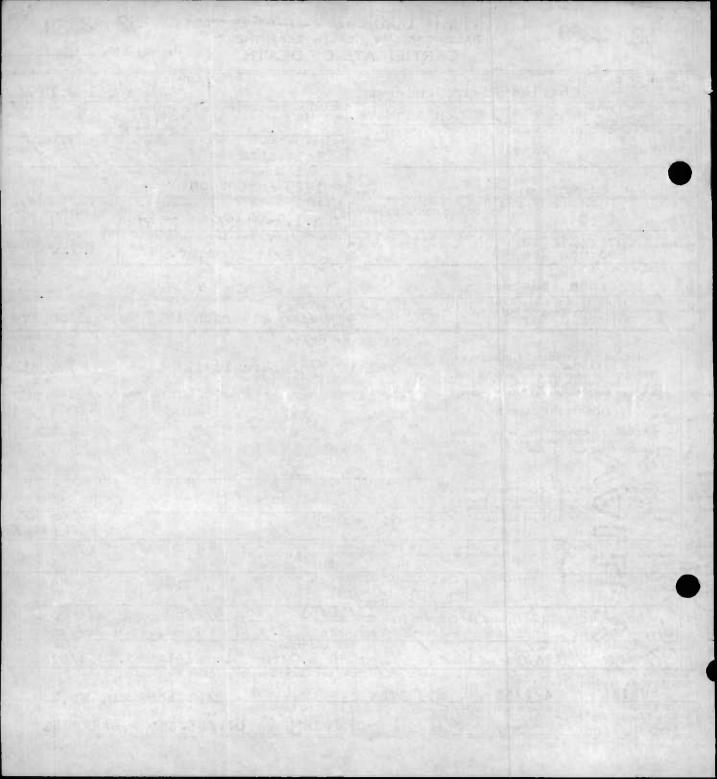
3388 Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) April 7,1952 Bernard E Schnaper DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University nospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4107 Barrington Road c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year WIDOWED BLYORCED (Specify) last birthday) | Months | Days | Hours | Min. Male White August 2,1902 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Salesman Clothing Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Schnaper Dora Roseman 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or deten of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. Hilda Schnaper 4107 Barrington Road INTERVAL BETWEEN 18. 44 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH W CEREBIALVASCULAR ACCIDENT (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DHE TO ANTECEDENT CAUSES HYPERTENSIVE CARDID-VASCULAR DIS. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, form, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) DF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from \$ 6 PT. 16 , 1952, to APLIL 5 , 1952, that I last saw the deceased alive on After 5, 1952, and that death occurred at 22 Pm., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. S GNATURE apr18,952 N. Gelver 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) April 8,1952 Burial Tiferes Israel Cong Cemetery Baltimore ADDRESS/12 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



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BALTIMORE	CITY	HEALTH	DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Edward Anderson April 2,1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1925 Edmondson Ave. A STATE Baltimore before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION None township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 1925 Edmondson Ave. c. Length of stav in Baltimore Days 6. COLOR OR RACE 9. AGE (In years if Under I Year li Under 24 Hours Min. 5. SFX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Jan.1, 1894 1895 M 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired Produce dealer UNIST COUNTRY? INDUSTRY Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R John Anderson Sophia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or noknown) World War 1 SECURITY NO. Helen Anderson 1925 Edmondson Ave INTERVAL BETWEEN 18. 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulminary Tuberculosis months (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED None TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY None 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I hereby certify that Lattended the deceased from 12/10/51 . 19___, that I last saw the 19___. to_ deceased alive onand that death occurred at O A. m., from the causes and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 844 N. Carey St. Baltimore, Md 4/5/ geor 24c. NAME of CEMETERY or CREMATORY | 24d. LOCATION (City, town, or county) 244 BURLAL CREMA-24B. DATE TION, REMOVAL (Specify) BURIAL 4/9/52 ZION CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Ai. CIVELY-661 W. BARRE ST untinglow JOSEPH



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

52	3390

BIRTH NO.	CERTIFICATI	E OF BEATH	
1. NAME OF DECEASED (Type or Print)	EL SPAELS	ON 2. DATE OF DEATH APRI	L 6, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If ins	titution residence before admission)
	al or institution, give street address or location)		crite RURAL and give
HOOS LIBE	ERTY HEIGHTS AN	BOLTIMORE 15-	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	/ 0
c. Length of stay in Baltimore	62 Mes.	4008 LIBERTY HEIGHT	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		or I Year If Under 24 Hours as Days Hours Min.
10A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF
work-done during most of working life, even if retired)			WHAT COUNTRY?
13. FATHER'S NAME	1 110301(111022 177	14. MOTHER'S MAIDEN NAME	7.917/
BERNHARD		NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or naknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	14 ~ 1	RESS
No		THE THE STATE OF T	INTERVAL BETWEEN
18. 420,1		OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of	TH / C	RONARY THRUMBOSIS.	1) Mo.
beart failure, asthenia, etc. It mea injury or complication which c	ins the disease,		
ANTECEDENT CAUS			
	(B)		
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO		The state of
OTHER SIGNIFICANT CONDI	(C)		
F II			
TRIBUTING TO THE DEATH, BUT	NOT RELATED		
	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
No.			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,		e exact location)
2 ID. TIME (Month) (Day) (Year) OF INJURY			
	m. WHILE AT NOT WHILE		
22. I hereby certify that I att			that I last saw the
	,619 52 and that death occur		date stated above.
23A. SIGNATURE	flemme "	3803 Edmondson Dre	4/7/52
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or	
BURIAL APRIL 8.	1952 axlugt	ou Barro.	Mo
	'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
1000 1050 1 wilm	grow Hilleampy Miss	aux deire du 2100 bul	aw Ple
VS 150 334	11500	2	

1803 Edwarson ave

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE AWhere deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If now in hospital or institution, give street address or HOSPITAL OR location) C. CITA (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Alf rural, give location) emous c. Length of stay in Baltimore Dayo 5. SEX AGE (In years | 1 Under 1 Year | If Under 24 Hours | last birthday | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) marrier 10A. USUAL OCCUPATION (Give kind of 11. BIRTOPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF most of working life, even if retired) INDUSTRY WHAT COUNTRY? see 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Merena 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. whold 420,1 CAUSE OF 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO 10. Tarular ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. 195 that I last saw the 19 5 and that death occurred at deceased alive on Upil _m., from the causes and on the date stated above, 23A. SHONATURE 23c, DATE/SIGNED 5/021.1 24A/BURIAL, CREMA-24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CHEMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED. 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE . before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITAOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION amore D. STREET ADDRESS Yrs. (If rural give location) Mess (7 avrice c. Length of stay in Baltimore Dave S. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED, 8. DATE OF BIRTH AGE (In years) H Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) wedow emale 11. BIRTHOLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, ever if retired) INDUSTRY House will 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH DX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 44 and that death occurred at 4 15 19 19_ .. that I last saw the Im., from the causes and on the date stated above. deceased alive on 4/9 3 2 19 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24. BURIAL, CREMA-Murial DATE RECEIVED BY 5. FUNERAL ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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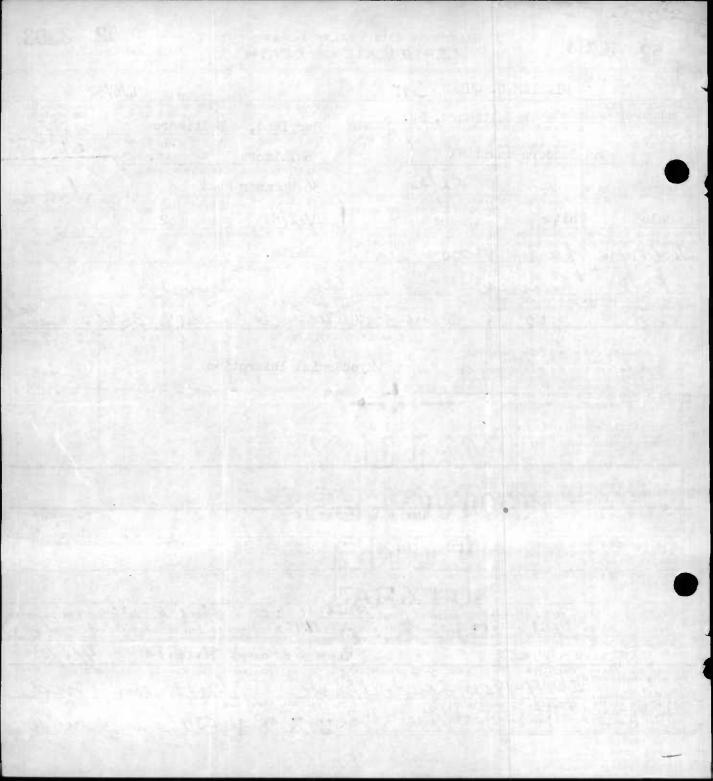
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

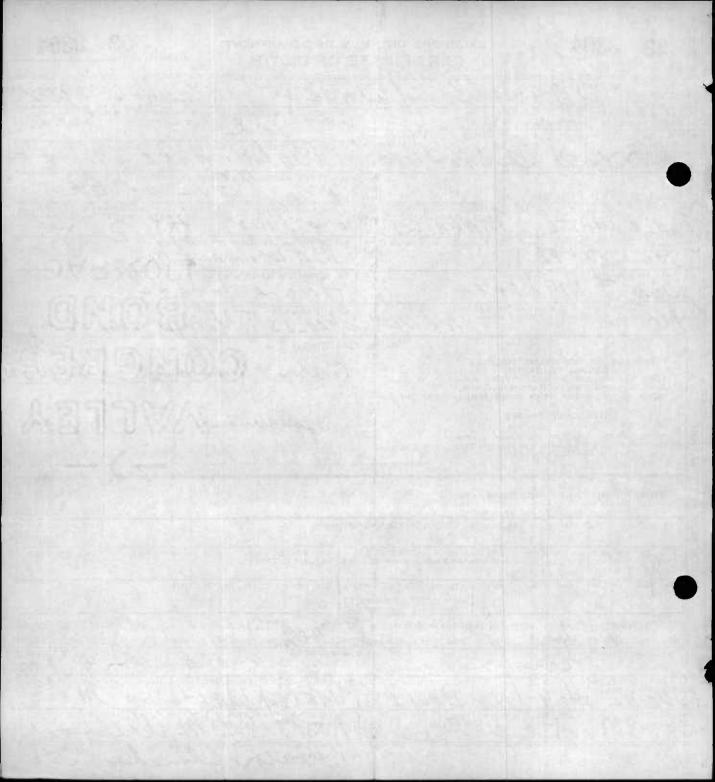
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В	RTH NO.			KIIIIIOAII	L OI DEATH			
1. (T	NAME OF C ype or Print)		D. QUINN	57.		2. DATE OF DEATH	4/6/52	
	Baltimore (EATH: City, Maryland	Baltimore.	Md.	4. USUAL RESIDENCE	E (Where deceased lived B. COUNTY		residence re admission
В.	FULL NAME OSPITAL OR ISTITUTION			ive street address or location)	Maryland,	Baltimore (If outside corporate)		RAL and give
B		Bon Secours	Hospital		Baltimore	18	-04	township
			9:	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
	Length of s	tay in Baltimore	a	Days	36 Upmanor			
	Male	6. COLOR OR RACE White	Widowed	OIVORCED (Specify)	8/12/89	9. AGE (in years last birthday)	Months Days	Hours Min.
1C worl	A. USUAL OC	CUPATION (Give kind of of working life leven if retired)	10B RIND OF		11. BIRTHPLACE (State	or foreign country)	12. CITIZE	
~	001 1700	no Operator	Das.	+ Elec. Ca	Balto.		WHAT	COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDE	NAME		
	Pele	V Que	un	1-11-1-1	Unice)	Serbel		
15 (Ye	, oo or uokoowo)	ED EVER IN U. S. ARMEL (If you, give war or date	FORCES? 16.	SOCIAL SECURITY NO. /	17. INFORMANT	2.0	ADDRESS	(Ray
_	no	no	212	1-05-50850	William D. 6	Juny 12 -3	6 Upn	Langu
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOTION CAUSING IT.								
AL	19A. DATE C	OF OPERATION 0	9B. MAJOR FIN	DINGS OF OPER	ATION		20. 'A	UTOPSY?
IEDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or Line of Lying OR Contributing about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or Lying OR Contributing OR Contr							
	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MHILE AT NOT WHILE AT WORK A							
- //	22. I hereby certify that I attended the deceased from March 31, 1952, to april 6, 1952, that I last saw th							
	deceased alive on Upil 6, 1952 and that death occurred at 245 p.m., from the causes and on the date stated above							
	23A. SIGNA		te		Bon Secour	s Hospital	23c. DA	S SIGNED
La	DN. REMOVAL (S LULIA) ATE RECEIVE DCAL REGIST APR 8-	D BY REGISTRAR	1952 L s signature,	oudow /	25. FUNERAL DIRECT	Baltimo	ADDRESS	(State)
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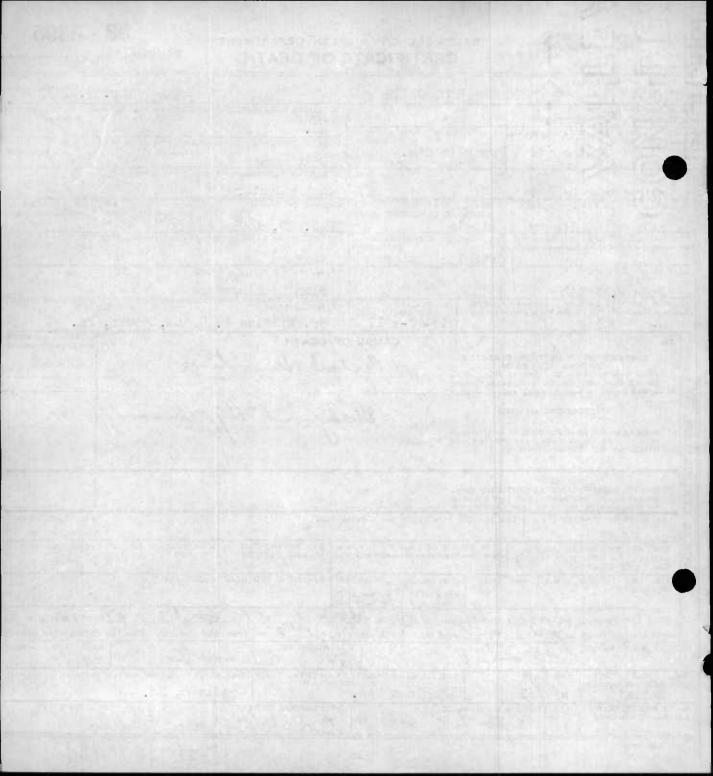
3	52	3304			HEALTH DEPARTMENT	Segistered No.	3394		
В	IRTH NO.								
	NAME OF Type or Print)		P4 (. 40	INGER	2. DATE OF H-6	-19NY		
Α.		City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If inst B. COUNTY	itution; residence before admission)		
H	SPITAL OR		SUL +	on, give street address location with the location of the loca		outside corporate limits, w	wite RURAL and give		
c.	Length of	stay in Baltimore		Yr: Mo Da:	5. 22/2 / ··	rival, give location)	AVE		
1	FMALE	White		ED, DIVORCED (Spec	(y) 6-6-190V	9. AGE (In years It Under last bid though) Month	t l Year H Under 24 Hours B Days Hours Min.		
1C	k done fluring mos	CCUPATION (Give kind tof working life evapor feter	d of 10B, KIND	OF BUSINESS OR INDUST	11. BANHPLACE (State or 1	oreign country 12	CITIZEN OF WHAT COUNTRY?		
16	10hN	G. Mcs	EWEN	/	14. MOTHER'S MAIDEN N	-40 NS			
NE CE O	MAS DECEA	SED EVER IN U. S. ARI (If yes, give war or d	MED FORCES? lates of service)	16. SOCIAL SECURITY NO	Charles T.	LOUNGER YNG,	8. Folhow		
	18. 33	1× .		CAUSI	OF DEATH		INTERVAL BETWEEN		
		SE OR CONDITION	N DIRECTLY		2 1		ONSET AND DEATH		
		LEADING TO DE	EATH		Cerebral He	morkago	several Are		
	heart fai	lure, asthenia, etc. It n r complication which	neans the disease						
		ANTECEDENT CA	USES		bles as To		4.		
Z O	DISEASI	ES OR CONDITIONS	TEANY COUNTY	(B)	Hypertens	LOU	pesos		
E	RISE TO	THE ABOVE CAUSE (A) STATING TH	E DUE TO			/		
A)	UNDERL	YING CONDITION	LAST.	(C)		***************************************			
E									
E	OTHER	SIGNIFICANT CON	DITIONS CON						
W.	TRIBUTIN	IG TO THE DEATH, BU	JT NOT RELATE	D			3 13 5		
,		OF OPERATION		FINDINGS OF OP			20, AUTOPSY?		
AL									
(EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING 10 chout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or ly lying or lying) (lf in Baltimore City, give								
	10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE								
	m. WORK AT WORK								
	22. I hereby certify that I attended the deceased from for 1949 to april 5, 1957th								
	23A. SIGN		, 19.2 \(\), (and that death oed	23B. ADDRESS	the causes and on the c			
	254. 31614	aln	an X70	ldwann. D.	206 5	Gelmon SK.	SC. DATE SIGNED		
3/	REMOVAL	(Specify) 4-9-	1912	DRUID /	TI da E CEM 19,	OCATION (City, xty)n, or o	oubty) State)		
A	PR 8 G	PAY REGISTRA	tington /	Valligus 14	25 FUNERAL DIRECTOR	6.m. Wal	DORESS		
	VS 150		0	7-	1 Dan X 1.	DE La	The state of the s		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3395
Registered No.

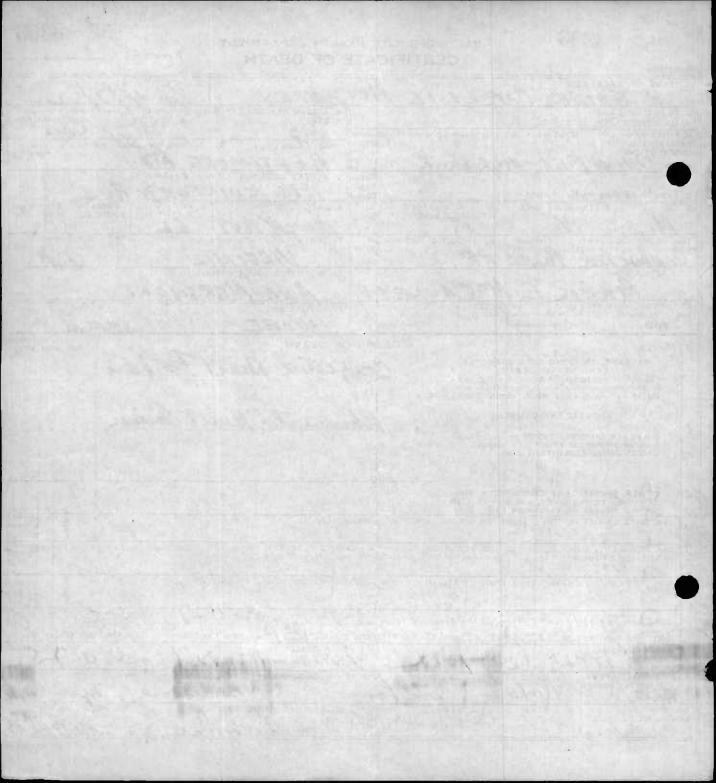
1. NAME OF DECEASED 2. DATE (Type or Print) Apr. 7, 1952 OF MARGUERITE C. SMITH DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF all actin bosnital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Cathedral & Franklin Sts. Baltimore D. STREET ADDRESS \((If rural, give location) Cadoa Center c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | If Under | Year | If Under 24 Hours | last hirthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Dec. 10, 1893 female white single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Catholic Center England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blanche Kingsmore John W. Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 212-07-1217 Mr. William T. Smith, Media, Pa. NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Cerebral Hemoslinge LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS YES EDICA 21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Ward , 1957 to April 7, 1957 that I last saw the deceased alive on 1950, and that death occurred at 1 a m., from the causes and on the date stated above. 23C DATE SIGNED 23A. SIGNATURE 447 4. Recewood are. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Woodlawn Cem. 1/9/52 Woodlawn, Md. Burial 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Willaus, M RVS 150 6908h



BALTIMORE CITY HEALTH DEPARTMENT

52 3396

BIRTH NO.	E OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print) GAINES CARLYSLE MC	CAULEY 2. DATE OF DEATH 4/7/52			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location INSTITUTION				
ONION MEMORIAL HOSP.	BALTIMORE M) o. STREET ADDRESS (If rural, eive location)			
c. Length of stay in Baltimore Days	1813 KULL EARD ALL			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work ione during most of working life, even retired) INDUSTRY	11. BIRTYPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	ADA MARSHALL			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
18. 41 6 X CAUSE	OF DEATH INTERVAL BETWEET ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	gestive Herr Failure			
Z ANTECEDENT CAUSES (B) Chemiente Heart River				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
II (C)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION . 20. AUTOPSY?			
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg				
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
22. I hereby certify than attended the deceased from 3 - 195, to 4 - 7, 195, that I last saw th				
deceased aline on 4 - 1 and that death occurred at 1 Pr. from the causes and on the date stated about 23A. SIGNATURE 23C. DATE SIGNATURE				
Comes a. tork M.O.	Uman Memoral Hosp 4-7-52			
24a. BURIAL, CREMA- TION REMOVAL (Specify) 4 (10/5 2 Qak faw	200			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Wm Pool I and Bole Of			
VS 150 20 2 5 8				
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- HOD Registered No. CERTIFICATE OF DEATH BIRTH NO. 12-04-1. NAME OF DECEASED 2. DATE (Type or Print) OF VIRGINIA BULL April 7, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF "If not in hospital or institution, give street address or Marvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. MOR. 810 N. Chapel Street Length of stay in Baltimore Days 6. COLOR OF RACE B. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Feb. 20. 1952 White Female Single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert L. Bull Mary Virginia Nash 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) SECURITY NO. Robert L. Bull, 810 N. Chapel Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Interstitial Pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Acute Bronchiolitis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO FICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK autopsy 22. I certify that I took charge of the remains described above, held an . thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-Maryland burial Mt. Olivet Cemetery Baltimore. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151

See Document File 5 -33 7
Letter from Dr. W. V. F. vit , Jr.,
Asst. Net c 1 Rainer
6/4/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CERTIFICATE OF DEATH
1. NAME OF DECEASED Tohn F. Schneiden 2. DATE OF DEATH 4/5/52
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission befor
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and good townst townst.) 28 // Mais & J. Salto 2 - 13
Yrs. D. STREET ADDRESS (If rural, give location) Mos.
c. Length of stay in Baltimore Days 28// Muisel 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 If
Male White Mannied 2/10/1883 last birthday) Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work ind of work in glife, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY WHAT COUNTRY
13. FATHER'S NAME / 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
Muit Chneiden 28/1 Maisel V.
18. 260 X I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death, DUE TO
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cutero-selective causes 2
UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO
YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or linguage) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK MORK NOT WHILE AT WORK
22. I hereby certify that I attended the deceased from 2/8, 1954 to 2/5, 1954 that I last saw
deceased alive on 7/b , 19 , and that death occurred at 2 - m., from the causes and on the date stated abo
Gentain Weller Into M.D. 60 30 Wellers 1217/82
24a. BURIAL, GREMA. 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) (State 1/8/52 Moreland Park Parkville Md.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ADDRESS LOCA
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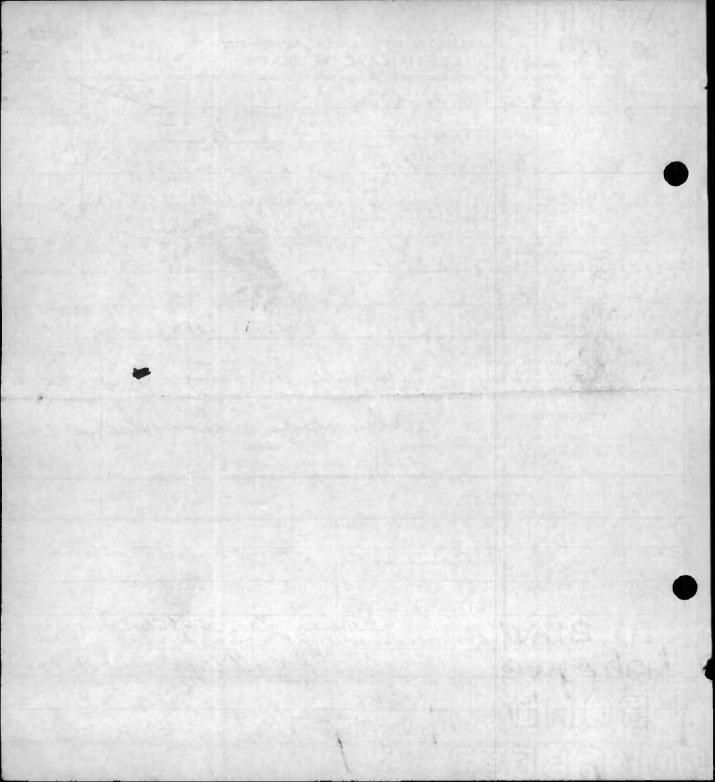
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.					- 0. D=/\!!!		
	NAME OF D	DECEASE		6	2/01		2. DATE	/_/
			and	ac	Holton		OF DEATH	5/52
	Baltimore		arvland			4. USUAL RESIDENC	E (Where deceased lived, B. COUNTY	
	FULL NAME			al or institut	ion, give street address or	A. STATE	ud.	before admission)
HC	STITUTION		-Fuxini		location)	C. CITY OR TOWN	(If outside corporate lin	nits, write RUBAL and give
	STITOTION	42,	10 B	ELANI	en ara		Bult	28-4 (township)
		/ 5 6	,,,,,		Yrs.	D. STREET ADDRESS	(If rural, give location)	
_	Length of	stay in 1	Raltimore		Mos.	4200 %	Relaxion 6	Line
	SEX		OR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year 11 Under 24 Hours
2	and.	41.	14	(,	ED, DIVORCED (Specify)	11/10/10/		Months Days Hours Min.
10	A. USUAL OC	CLIPATI	ON (Give kind of	OL	OF BUSINESS OR	11. BIRTHPLACE (State	90	140 5151551 65
work	done during most	of working I	ife, even if retired)	C	/ INDUSTRY	7) O	Correign country)	12. CITIZEN OF WHAT COUNTRY?
	SHOE M	othe	7	4EM	on your	13ax 7	o-Md.	
13	FATHER'S	NAME	2/	1		14. MOTHER'S MAIDE	N NAME	
		MCL.		otTon		Mary L. M	iggins	
15 (Yes	. WAS DECEAS	ED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS
`	No	-			SECORITI NO.	Stal Mc Com	4 4200 BEL	vien aux
	18. 1/ -	22.1			CAUSE	OF DEATH	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
	DISEA	SE OR	CONDITION	DIRECTLY		0 0.0.	10-4	ONSET AND DEATH
		LEADII	NG TO DEAT	TH	. Aure	cular below	Valia 10	1 min H
	heart fails	ure, asther	nia, etc. It mean	ns the diseas	ρ.	will your		77-01041
	mjury or	compiles	tion which c	aused death	.) DUE TO			
		ANTECE	DENT CAUS	ES	1.7	T	. 0 -	
NO	DISEASE	S OR CO	NDITIONS, 15	ANY GIVIN	(B) COULTE	sourous a	vacorascu	al years
Ĕ	RISE TO 1	THE ABOV	E CAUSE (A)	STATING TH	E DUE TO	disease		
5	0.122.112	11110 00	MBITION EX	31,	(C)	***************************************		*******************************
E '			11					
ERT	OTHER S	SIGNIFIC	ANT CONDI	TIONS CON				
日〇.	TRIBUTING	G TO THE	DEATH, BUT	NOT RELATE	D			
,	19A. DATE				FINDINGS OF OPER	ATION		20. AUTOPSY?
₹J.			- F					YES NO K
8	21A. ACCIE			218. PLA	CE OF INJURY (e.g., in		(If in Baltimore City	, give exact location)
Ш	CAUSE OF		RIBUTING	about nome,	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
	1D. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID IN.	JURY OCCUR?	
	OF INJURY				WHILE AT NOT WHILE			
				m.	WORK LAT WORK		-01.0	
	22. I hereb	by certif	y that I att	enged the	deceased from 7/	March, 19220	5 Upril, 19	57that I last saw the
	deceased a	live on_	30//paro	K1957	and that death occur	red at 6 H m., fro	om the causes and on	the date stated above.
	234. SIGNA	TURE	3	0	2	3B. ADDRESS	10.	23C DATE SIGNED
2	A BURIAL.	0000	Jarua	9	M. D. /	31 C 1 (ou	ille	16 april 3 1
TIP	REMOVAL (24B. DATE	- !	24c. NAME OF CEMETE	TY OR CREMATORY 24	D. LOCATION (City, tow	n, or equaty) (State)
0	Juria		10/3	2	Bulto.		Salto	. Md.
	TE RECEIVE		REGISTRAR'S	SIGNAT	FFIE CLUSS	25. FUNERAL DIRECT	₽R	ADDRESS
A	PRE	312	Thurting	ylon 1	walle, Migh	US Cook Said	1217 84	Paul st.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

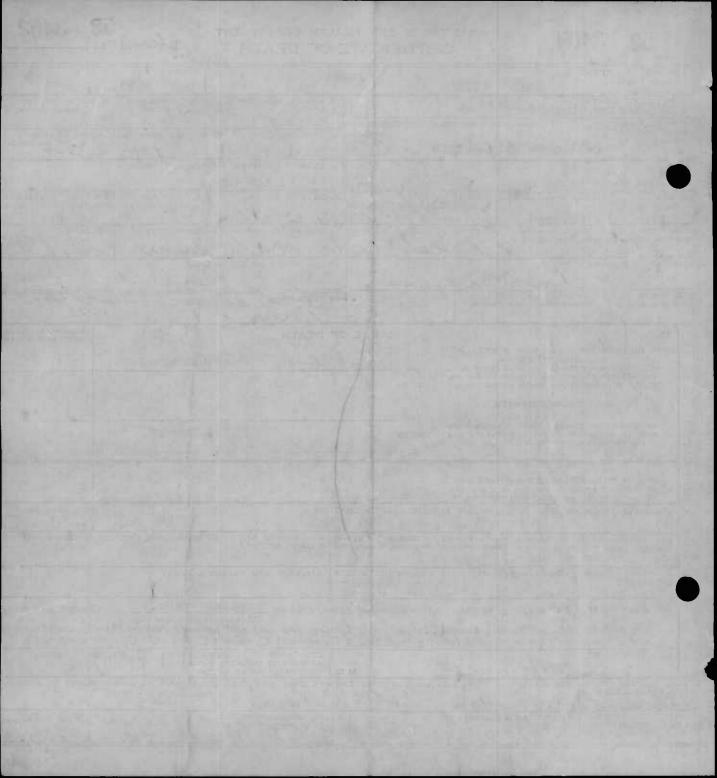
52 3400 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Lillie B. Par	elkarh 2. DATE 4/6/52 530 DEATH
s. PLACE OF DEATH: a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION [Institution] [Institution]	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	2111 E. Lombard J.
Trualy White Widowed Specify	112/1882 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, den if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT 2 1/ADRESS
(Yes, no synknown) (If yes, give war or dates of service) SECURITY NO.	Soris F. Davidson Lombard st.
18. 331X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rebreel Throughour 6 mos
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Dural Weterioselerai 1 6 7
ANTECEDENT CAUSES	the state of the s
Z DISEASES OR CONDITIONS, IF ANY, GIVING	perleusion buoi
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Muliged Wellrioschrosis?
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ual Attachment 10 gr.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., 1	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg LYING OR CONTRIBUTING	otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
m. WHILE AT NOT WHILE AT WORK AT WORK	
	rred at 5:30 am., from the causes and on the date stated above
23A. SIGNATURE	23B. ADDRESS 23G. DATE SYGNED
24a. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 4/9/52 Mt Ca	bush Balta nd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 8-1952 Huntington Wellis ars, his	WOOK AND 1217 St. Paul ST
VS 150	

cohs AND MAKE THE PROPERTY OF THE PROPERTY OF 12 Carlo 1 Carlo ELL STORES OF STREET, STANFORD all the second of the second of the second s and the second of the second o To sandani m Show the sample of the sample in the second of the second 1202 W Continue 4/97/50 The second of th

52 3402 BALTIMORE CITY HEALTH DEPARTMENT 3402 Registered No-CERTIFICATE OF DEATH BIRTH NO. NAME OF DECEASED 2. DATE (Type or Print) JOHN FITCH DEATH April 6, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "f not in hospital or institution, give street address or Maryland HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 536 Wilson Court Days 6. COLOR OR RACE 7. SING 8. DATE OF BIRTH 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours last birthday) | Months Days | Hours Min. Colored OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 108 KIND 12. CITIZEN OF oduring most of working life, even if retired) WHAT COUNTR work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SOCIAL (Yes, no or unknowo) SECURITY NO. INTERVAL BETWEEN OX CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Lobar Pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 24A. BURYAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY APR 8 1952

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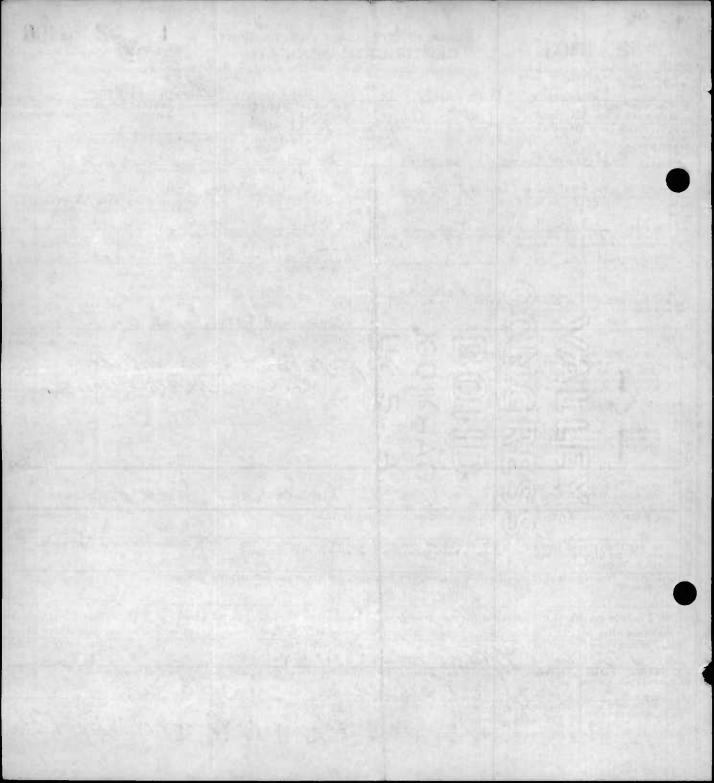


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3403

Registered No.

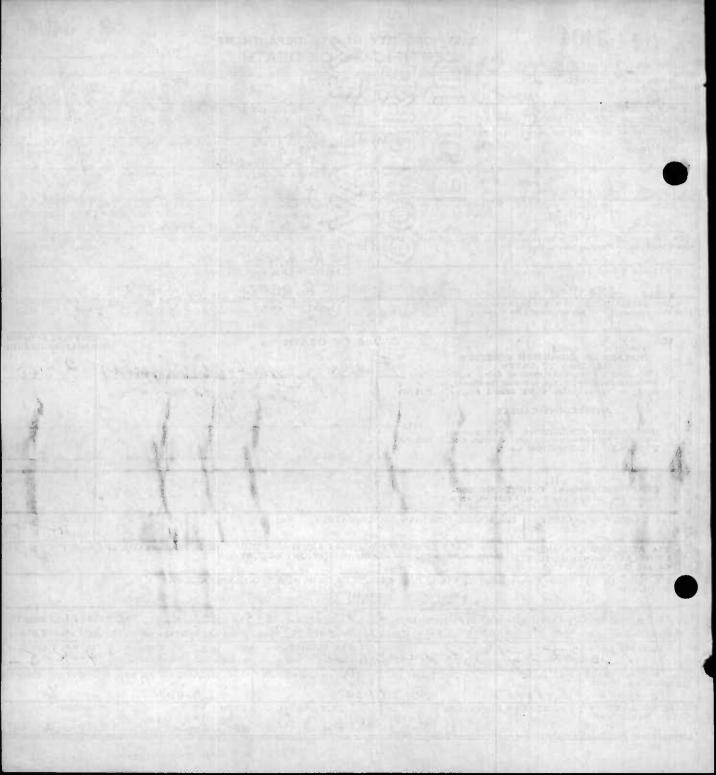
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
Calherine MurTaugh	DEATH 41752
A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	The state of the state of the state and give
South Baltimore General despital	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore about 554rs, Mos. Days	611 Washburn Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years # Under I year # Under 24 Hours last birthday) Montha: Days Hours Min.
Female White Widow	5 29 68
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) NDUSTRY	Lypland Mar Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Bernard & Murlaugh 611 Washburn Go
18. 443X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	no be in consider along
(This does not mean the mode of dying, e.g.,	PE/Esus Cardio-1/8 color
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	des Ease Actorio- Schricke
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	Sporteriaus, Sike Avenia
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	, spooreveaus, orver promise
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
U 21 ACCIDENT WAS UNDER 1 2 IB PLACE OF IN HIRY (a.e.	YES WO
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 312	19_, to 417 52, 19, that I last saw the
	rred at 7:15 A.m., from the causes and on the date stated above.
	23B. ADDRESS 23c DATE SIGNED
16. 4 OURINO / MILE M.D.	1213 light St 13/152
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town) or county) (State)
Bureal apr. 9,1952 Falledre	al. Ballo. md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR/ ADDRESS
LOCAL REGISTRAR Tuntington Williams	Il with mind will of IX
APR 8 - 1952	freduct chamind it writing the
VS 150	X



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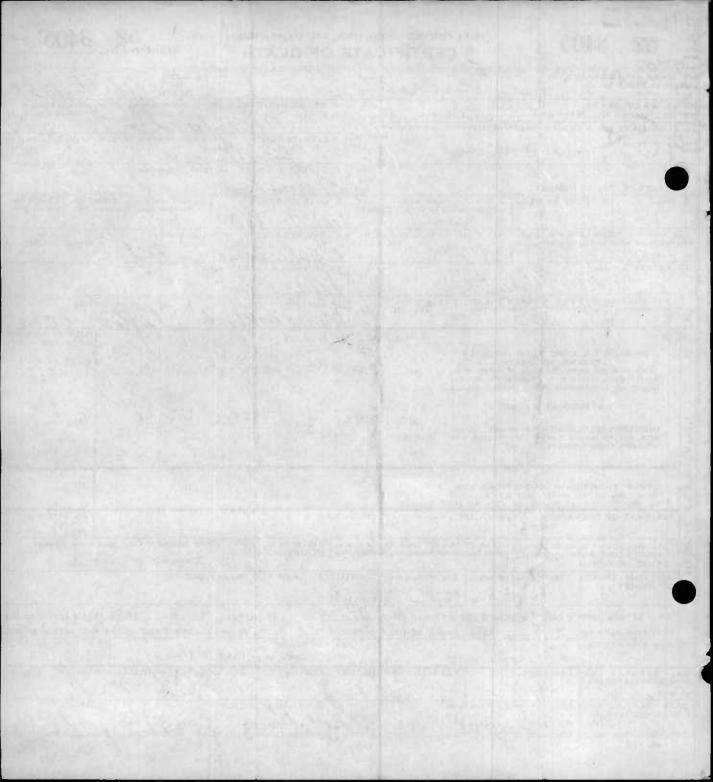
LOCAL REGISTRAR

APR 8 - 1957



3405 BALTIMORE CITY HEALTH DEPARTMENT 3405 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Clayton OF Mr. George DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: altimore B. COUNTY A. Baltimore City, Maryland A. STATE before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) of outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Sinai Hospital imare (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours | Months Days | Hours Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ime 19 KATHER'S NAME MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES?
(Ym., no or unknown) (If you, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 540.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES V 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING ш Itimore CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 3. 29 1952, to . 1954, that I last saw the deceased alive on 4. 6. 1952, and that death occurred at 5 to m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Goldberb 4. 8. 52. orris 24A BURIAL, CREMA- 24B. DATE TION DEMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS 25 JUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAN VS 150

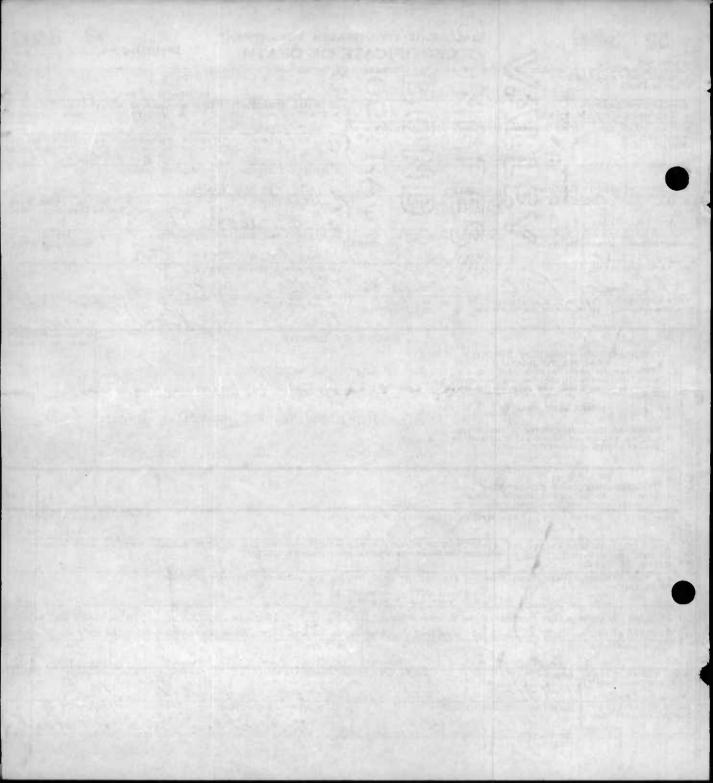
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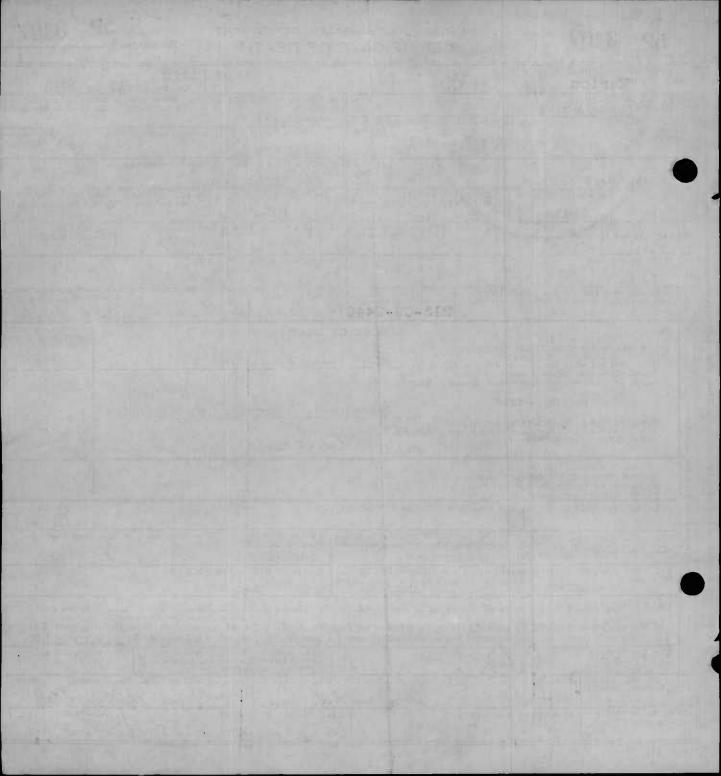


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3406

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Bohli, Mary Lanahan DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 10 years Days 1912 Arabia Avenue 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) WIDOWED, DIVORCED (Specify last birthday) | Months Days 31-1 Female Whi te Married 10A. USUAL OCCUPATION (Give kind of) BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Housewife Own home Baltimore County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 47. INFORMANT ADDRESS (Yes, no or uuknowu) SECURITY NO. 18. 443 X CAUSE OF DEATH INTERVAL ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Cerebral hemorrhage (A) heart failure, asthenia, etc. It means the disease, Injury or complication which caused death. DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular disease RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! m. WORK AT WORK 19 52 to April 7 22. I hereby certify that I attended the deceased from April 7 . 1952, that I last saw the deceased alive on April 7, 1952, and that death occurred at 1:27am., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 71,00 N Caroline Street 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, PEMOVAL (Specify 25. EUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Jac VS 150





1-	CENTIFICATE CORRECTED 4-10-52		
	PALTIMORE CITY UEALTH DEPARTMENT	52 3408	
	CLIVIII IONIL OI DENIII	ered No.	
	BIRTH NO. 1. NAME OF DECEASED 2. DATE /	2 9	
	(Type or Print) 6 2 exiel Mitchead DEATH	pr. 1/52	
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. COLL	lvcd. If institution: residence	
	B. FULL NAME OF (If not in pospital or institution, give street address or location) C. CITYOR TOWN (If outside corporation)	te mits, write RURAL and give	
	INSTITUTION	township)	
egibly	Yrs, D. STREET ADDRESS (If rural, gir) locate	ion)	
leg	c. Length of stay in Baltimore Mos. Days / 3 2 Willow	- Court	
y and	male of Stored Divorced (Specify) 9. AGE (In y last birthd) 9. AGE (In y last birthd)	ears II Under I Year II Under 24 Hours Ay) Months Days Hours Min.	
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?	
	Construction Laborer Dawson, Ga.		
death	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Whitehoad Clara Belle Jackson		
of de	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	ADDRESS	
- 1	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS	
causes	18. 200, 0 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Reticulum cell Sorge	me 2 mm	
write t	(This does not mean the mode of dying, e.g., heart failure, nsthenia, etc. It means the disease, injury or complication which caused death.)	,mac 2	
	ANTECEDENT CAUSES		
Z Z (B)			
- 4	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
ans			
Physicians:	OTHER SIGNIFICANT CONDITIONS CON-		
Phy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
نب	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
tan	214 ACCIDENT WAS LINDED 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore	1.23 [] 110	
2	ZIA. ACCIDENT WAS UNDER-	City, give exact location)	
npor	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., inc.) 21C. WHERE INJURY OCCUR? (If in Battimore CAUSE OF DEATH)	City, give exact location)	
y impor	ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	City, give exact location)	
ially important.	ACCIDENT WAS UNDER. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT WORK AT WORK		
ally	ACCIDENT WAS UNDER. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21c. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT NOT WHILE AT WORK 22. I hereby certify, that I attended the deceased from 3	, 19 ⁵ 2, that I last saw the	
especially	about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify, that I attended the deceased from 3, 1952, to 4		
is especially	ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK	, 19 2, that I last saw the d on the date stated above.	
age is especially	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	that I last saw the d on the date stated above. 23c. DATE SIGNED town, or county) (State)	
age is especially	210. TIME (Month) (Day) (Year) (Hour) OF INJURY 220. I hereby certify that I attended the deceased from 3 deceased alive on 1, 19-2, and that death occurred at 3m., from the causes and 23a denature 23a. Denature 24a. Burial, Crema- 14b. Date Tion removal (Specify) Date received by Registrar's Signature about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? INJURY OCCUR? 21f. How did injury occur? 22f. Horeby certify that I attended the deceased from 3 22f. Not work 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City)	that I last saw the d on the date stated above. 23c. DATE SIGNED town, or county) (State)	
is especially	210. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 23. JONATURE 24. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR about bome, farm, factory, street, office bidg., etc.) 21E. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY	that I last saw the d on the date stated above. 23c. DATE SIGNED town, or county) (State)	
age is especially	210. TIME (Month) (Day) (Year) (Hour) OF INJURY 220. I hereby certify that I attended the deceased from 3 deceased alive on 1, 19-2, and that death occurred at 3m., from the causes and 23a denature 23a. Denature 24a. Burial, Crema- 14b. Date Tion removal (Specify) Date received by Registrar's Signature about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? INJURY OCCUR? 21f. How did injury occur? 22f. Horeby certify that I attended the deceased from 3 22f. Not work 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City) 22f. Name of Cemetery or Crematory 24f. Location (City)	, 19 2, that I last saw the d on the date stated above.	

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

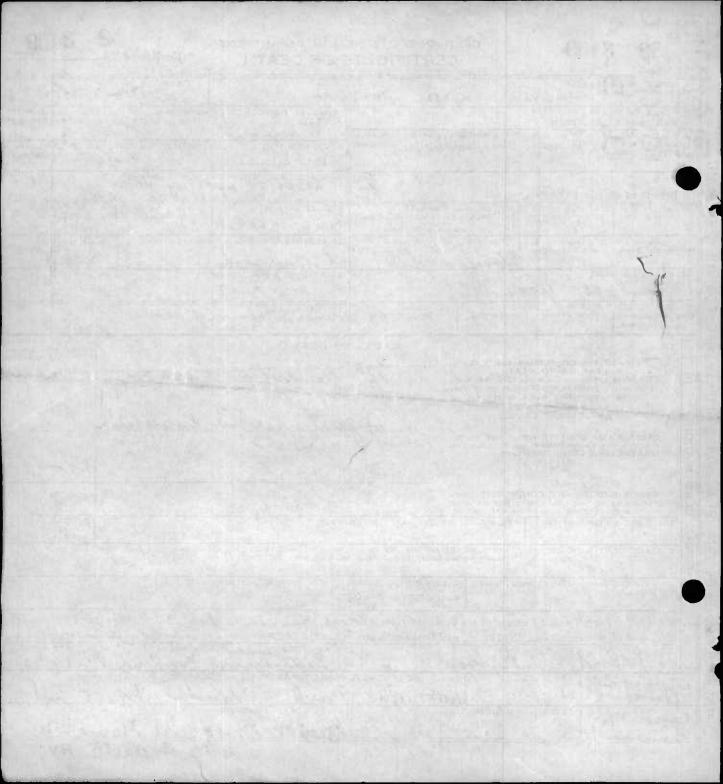
GINARD F	PARKDALE	AVES
8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year Munder 24 Hours onths Days Hours Min.
Feb 26, 1886 11. BIRTHPLACE (State or fore	66	
1	ign country)	12. CITIZEN OF WHAT COUNTRY?
Maryland		u. S. A.
14. MOTHER'S MAIDEN NAM	1E	
EMMA ?		
17. INFORMANT	I Hosp. A	DDRESS
records		
OF DEATH		ONSET AND DEATH
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disease		
Operity		7
overly		ζ
RATION		20. AUTOPSY?
		YES NO L
n or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City,	give exact location)
ED 21F. HOW DID INJURY	OCCUR?	
wil 6 , 1952, to afe	il 7 195	2, that I last saw the
rred at 12:20 Am., from the	wind los of-	23c. DATE SIGNED
Bultimere 18 RY OR CREMATORY 24D. LOG	maryland	April 6/91 2
Park Win	door M	ell Rd.
Krem brostun	eral Ho	me me.
44	O E. Nos	th Au
		and the same of

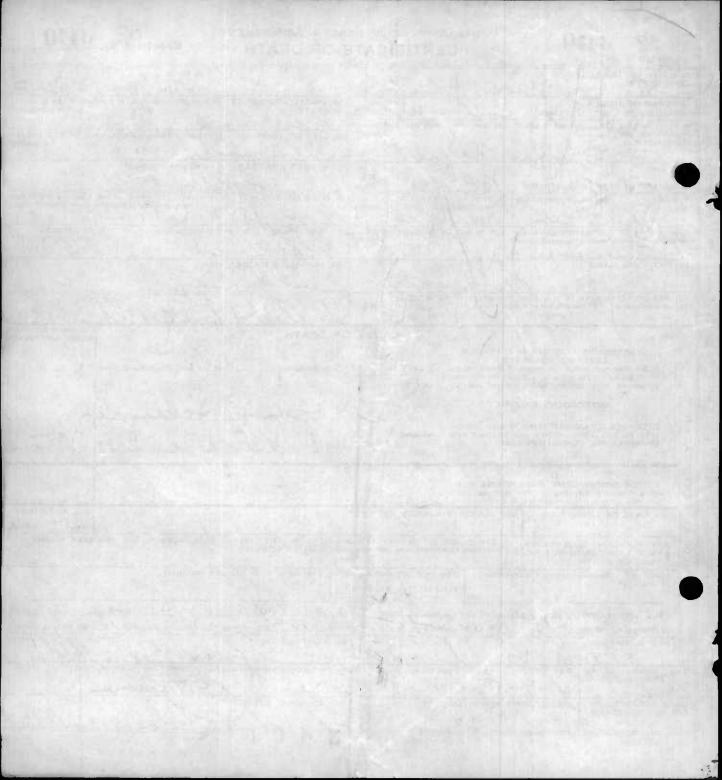
52

before admission)

township)

Registered No.





BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEAS 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) Yrs. rural-give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR BACE 7. SINGLE E MARRIED, D. D. VORCED (Specify) If Under 1 Year last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of BUSINESS OR 12. CITIZEN OF work done div in most of working life, even if tired) INDUSTRY WHAT COUNTRY? uxervelo 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. AP ED FORCES? (Yes, no or unknown) (If yes, give war c dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 2. 19___, that I last saw the and that death occurred at deceased alive on. .. 19_ from the chuses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS BURIAL, CHEMA-NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) N. REMOVAL (Specify) DORESS DATE RECEIVED BY FUNERAL LOCAL REGISTRAR 8-VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

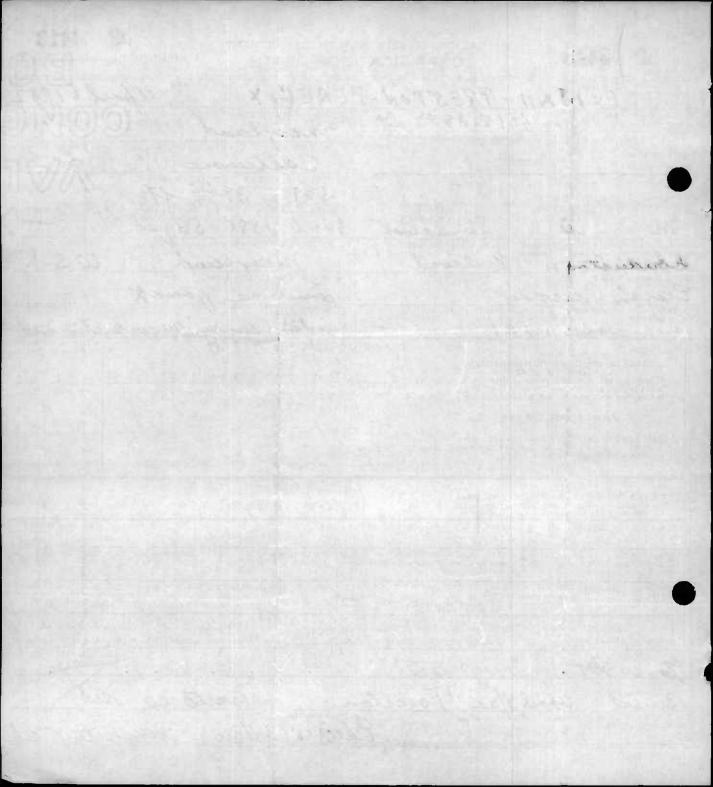
52 3412 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Sam TerLezKy	2. DATE OF DEATH 4-8-52			
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. SOUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				
INSTITUTION Conversity Hospital	Boltimore 2-02 township)			
25 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days	1825 L. Salting St. B. DATE OF BIRTH 9. AGE (In years) Il Under I Year It Under 24 Hours			
5. SEX 6. COLOR OR RACE SINGLE, MARRIED, WOOWED, DOORCED (Specify)				
10A. USUAL OCCUPATION (GIVe kind of tops. KIND of BUSINESS OR Work done during most of working life, even if retired) Bullows	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Volume	14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT halloll. some			
18. /5/x . CAUSE	OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 1			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	totale of mos			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.				
<u>U</u>				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
Loss Blace of INJURY (see	in or 21C. WHERE DID (If in Baltimore City, give exact location)			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg				
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT NOT WHILE				
m. WORK AT WORK				
	rred at 12:05Am., from the eauses and on the date stated above			
	238, ADDRESS 23¢. DATE SIGNED			
18. K. Spirton M.D.	University Hosp 4-8-52			
24A. BURIAL, CREMA- 24B. DATE 1000 REMOVAL (Specify) 4/11/3-2 Jacres for	Total Isa VIII a land			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	ADDRESS ADDRESS			
18 = 1050 of the trigget of 1911	Salver Contraction			
vs 450	1024 Esses			

BALTIMORE CITY HEALTH DEPARTMENT

52 3413

3413 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ELIJAH- PRESTON- PEREGOX OF DEATH RESIDENCE (Where deceased live). If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 56/ 5 38 B. COUNT before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION " Yrs. Street, c. Length of stay in Baltimore Davis 5. SEX 6. COLOR OR RACE 9. AGE (In years | | Under | Year | If Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED (Specify) vidacos 10A. USUAL OCCUPATION (Glvekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF of working life, even if retired) INDUSTRY 16. SOCIAL SECURITY NO 48 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Pulmonary Tuberculosis about 9mos (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTI OTHER SIGNIFICANT CONDITIONS CON-Esophogeal Paralysis TRIBUTING TO THE DEATH, BUT NOT RELATED unknown TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c, WHERE DID (If in Baltlmore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 00 t, 1952, to 4/6/ 22. I hereby certify that I, attended the deceased from , 19 52 that I last saw the deceased alive on 3/1// $^{
m A}$ m., from the causes and on the date stated above. and that death occurred at_ 23A. SIGNATURE 23c. DATE SIGNED 25th. St. Balto. Md 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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1 1/4 1/2		EALTH DEPARTMENT	Registered N	C OGLE
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered IV	0
	Anderso	ON C	2. DATE OF APR	5 - 1952
B. FULL NAME OF (If not in hospital or institution)	ON 4	4. USUAL RESIDENCE ()	Where deceased lived, If i	institution : residence before admission
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOS	location)		f outside corporate limits	s, write RURAL and give township
c. Length of stay in Baltimore 157	Yrs. Mos.		rural, give location)	c +
5. SEX 6. COLOR OR RACE 7. SINGLE	Days Days Days Days Days Days	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths Days Hours Min.
OA. USUAL OCCUPATION (Givekind of work days during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	wne.	14. MOTHER'S MAIDEN N	AME 1	a.D. U.
15. WAS DECEASED EVER IN U. S. AN MED FORCES? (Yes, no or unknown) (If yes, give war or deces of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
18. 443X		OF DEATH	OPKINS HOSPITA	LINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	OUE TO	Menulye Misere	-, left Inscular	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	.0			
	FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING OR CONTRIBUTING about bome, for	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	If In Baltimore City, g	YES NO Live exact location)
210. TIME (Month) (Day) (Year) (Hour) :	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	AND THE RESIDENCE	Y OCCUR?	
		-4-, 1952, to 4 rred at 530 Am., from t	- 5 - , 195	Athat I last saw th
deceased alive on 4-3-, 1952	have M. D.	23B. ADDRESS HOPKI	and The surfactions	23c. DATE SIGNED
	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	ocation (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATU	RE	25-FUNERAL DIRECTOR	200 ku	ADDRESS & Co. t. S.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 3415

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) FLORA	BOUNDS		DATE OF 4/7/52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where A. STATE	
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION UTHERAM	al or institution, give street address or location)	C. CITY OR TOWN (If outside	de corporate limits, write RURAL and give
	- G	D. STREET ADDRESS (If rural,	16-06
c. Length of stay in Baltimore	5 Mos.	2942 ARUNA	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		GE (In years Under Year
- W	MARRIED	AUG. 8, 1873	58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	at home	14. MOTHER'S MAIDEN NAME	0.21.(
Eugene T. Sullivan		- Sarah Whorley	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT	ADDRESS
no	no	HUNDHNO 2'	142 ARUNAH AVE.
18. 42011	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEAT	TH D.	MUNKRY EDER	
(This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which complete the state of th	ns the disease.	MONIFICA F DER	30 min.
ANTECEDENT CAUS			
	CAR	DIAL FAILUR	E 24 hrs.
DISEASES OR CONDITIONS, II	STATING THE DUE TO	-	
UNDERLYING CONDITION LA	(C) MYO	CARDIAL INF	ARCTION 3LOYS
OTHER SIGNIFICANT CONDI	NOT RELATED HUPERTE	NSIGN & D	Ma Control Years
TO THE DISEASE OR CONDITION	98. MAJOR FINDINGS OF OPER	27.1712	1. MEVHZER Years
	or made in or creating		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		Baltimore City, give exact location)
FINJURY (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OC	CUR?
I INJURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I att	ended the deceased from 4	1/5 1952 to 4/	, 1952, that I last saw the
deceased alive on 4/7	, 19.52 and that death occur	red at 6 Am., from the ca	uses and on the date stated above.
23A. SIGNATURE OUTT	barn	Luthern Korp.	23c. DATE SIGNED 4/7/52
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		ION (City, town, or county) (State)
Burial Apr.	9, 1952 New Cathe	dral Cem. Balto	., Md.
DATE RECEIVED BY REGISTRAR		25 FONERAL DIRECTOR	ADDRESS
APR 8 - 1050 Junting	from Volumers Vigo	Winey Socker	ur Hons
VS 150		1/201	- 2 0m 1
		1 Dalla	11/1/1/d.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3416

BI	IRTH NO.						
	NAME OF D Type or Print)	JACOB F	TISCH			2. DATE API	ril 7, 1952
A.		City, Maryland	al or institut	an give street address ov	4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived, I	If institution : residence before admission
HIN	ISTITUTION	HOSD	ital	on, give street address or Crvice location)	c. CITY OR TOWN (If	Cr.	its, write RURAL and giv
-6	Ministr F	Pk. Drive & 3	LST ST.	Yrs.		rural, give location)	0 0
-		tay in Baltimore		? Mos. Days	1616 ch:	ilton Street	
	SEX	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify) arried	2/17/80	9. AGE (In years last birthday) M	If Under I Year II Under 24 Hour Ionths Days Hours Min
1C worl	A. USUAL OC k done during most of Retire	CUPATION (Give kind of f working life, even If retired)	Forems	of Business or INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY USA
13	B. FATHER'S	IAME		III DILLI LAIV	14. MOTHER'S MAIDEN NA	ME	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10	0	Pilsch			Elizabeth Edi	meades	
(Ye	YES	D EVER IN U.S. ARMEI (If yes, give war or date SAW	FORCES?	16. SOCIAL SECURITY NO.	Records- US PHS	Hospital, B	Balto, Md.
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode of re, asthenia, etc. It mean complication which of any complication which of any complication which of any complication which complication conditions to the death, but is ease or condition	ns the discassaused death ES FANY, GIVIN STATING TH ST. TIONS CON	(B)	ardial Infa	retion	Unknown
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ir arm, factory, atreet, office bldg., e		f in Baltimore City,	give exact location)
	OF INJURY	Month) (Day) (Year)		VHILE AT NOT WHILE NORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereb deceased al	y certify that Latt	ended the _, 1952	and that death occur	ril 6 , 152, to A red at 2:10P m., from th	pr. 7 , 19 lie causes and on	
	2	Tmeo	linto	n M.D. I	US PHS Hospital,		4/7/52
TI	ON, REMOVAL (S			24c, NAME OF CEMETE		CATION (City, town	
-	Burial ATE RECEIVE	4/ 10	702	Baltimore	25. FUNERAL DIRECTOR	timore Mo	d. ADDRESS
	OCAL REGIST		2 71	diayes 1:3	Haring P. Hoffma	n 1639	Broadway.
	VS 150				0214 1 1/2		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3417

BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF Dr. Joseph F. Metz DEATH April 5. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1700 Lakeside Ave INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Lifetime 1700 Lakeside Ave. Mos. c. Length of stay in Baltimore Days Aug. 20, 1882 9. AGE (In years of Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH MAIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work donedurate out of working life, even if retired) INDUSTRY USAAT COUNTRY? Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Metz Rommel 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Margaret Metz 1700 Lakeside Ave No INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 1 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) 2 Ic. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH : 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 1950to april 5, 1952 that I last saw the 22. I hereby certify that I attended the deceased from Man P.m., from the causes and on the date stated above. deceased alive on Drie 1. 1952, and that death occurred ut & 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify Holv Redeemer Baltimore Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Chas F J Evans & Immiss. 1/8 N. M. VS 150

DR GRENZERS

52 3418

ADDRESS

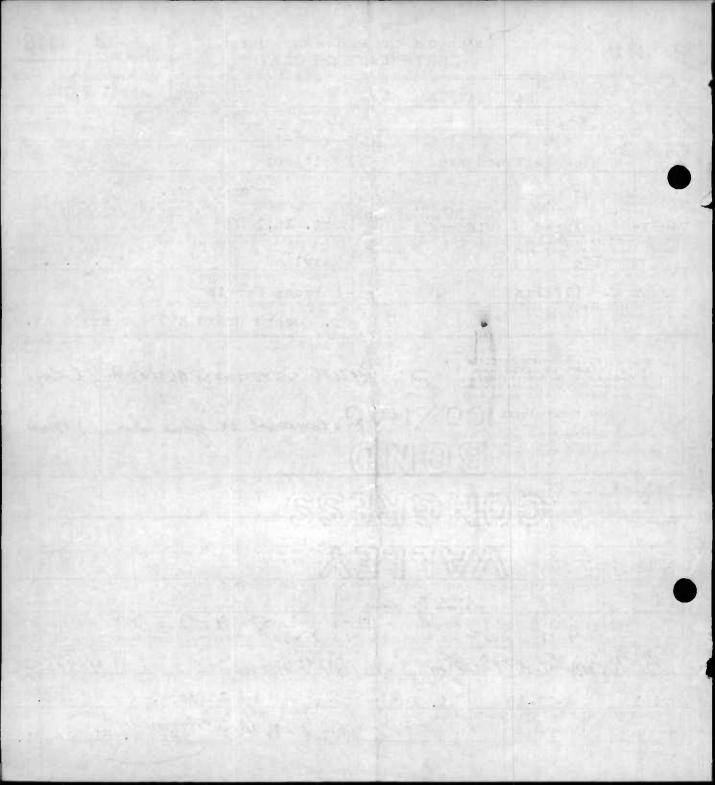
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE April 7,1952 (Type or Print) OF MARY WATKINS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2900 Parkwood Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2900 Parkwood Ave. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED 6. COLOR OR RACE ! 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Sept. 16.1887 Female Colored Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? U. S. A. Housewife Marvland 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Willaims Rebecca Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Joseph Brown 2900 Parkwood Av. 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myseardial degenetion LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disesse, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY EDICA 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 19570 4 - 7 22. I hereby certify that I attended the deceased from 4-1 , 1952, that I last saw the 1952 and that death occurred at 17-30 m. from the causes and on the date stated above. deceased alive on 4-7 23A JIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4c. NAME OF CEMETERY OF CREMATORY Baltimore. Md. Burial 4-11-52 Auburn Cem.

, 25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



m - 620 523419

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 3419

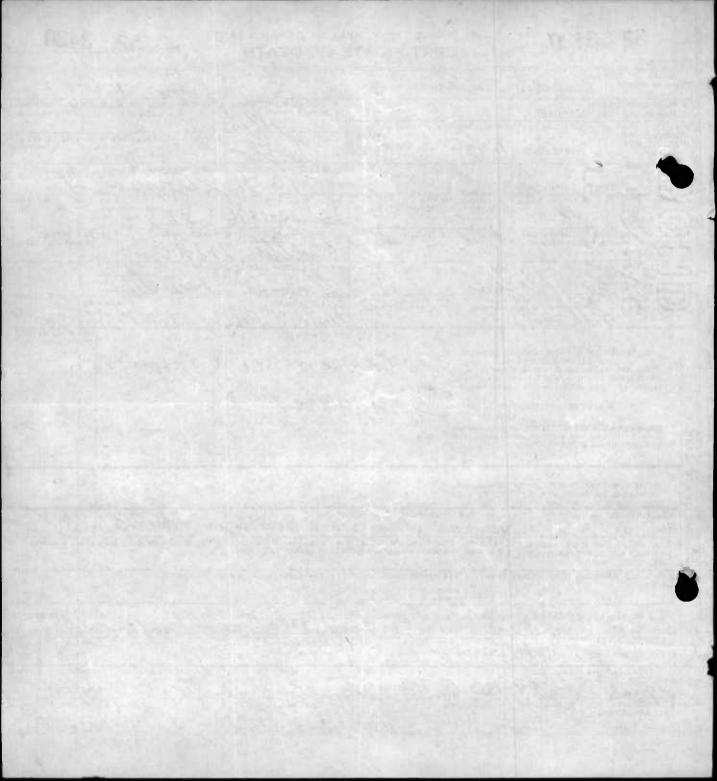
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) FREDERICK P. A	1ARSH 2. DATE OF H/5/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location	\
INSTITUTION 2709 Greenmount Sue.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
X 104 Assermand Aul.	D. STREET ADDRESS (If rural, give location)
Mos.	2702 4 41
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Under I Year If Under 24 Hours
male WIDOWED, DIVORCED (Specify	Feb 6, 1888 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givokindof 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_ (//)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Alvesta M. march 2709 Greemount lue.
18. 14KY CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	common The mail 11 11 11 11
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
0	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Meins anemia 19 m
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION 20, AUTO SY7
J ALL ACCIDENT WAS UNDER LAID PLACE OF INJURY (YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from/	9 60 , 19 , to and 5 , 194 Ithat I last saw the
deceased alive on 1 196 Land that death occu	
23A. SIGNATURE	23B. ADDRESS
My M.D.	2504 Eutrace love Und 7/15
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET	
Burial 4/8/52 Saters	. Balto bo.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 8-1952 7 Thurtington of 12. 2. 0,100	Saul S. Chenowette 3615-17 Chesturb Suc
VS 150	A -
690	32

In los B. Stress 2414 Entres Pla

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere No. 3420

-							
1. (T	NAME OF D	Charles	Kill	ler		2. DATE OF DEATH	4-6-52
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE		ed. If institution: residence Y before admission)
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or	ma		
	SPITAL OR STITUTION	~ ' '	1600	location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
4		junai	1400		(Ballo		7-0/ township)
7				Yrs.	D. STREET ADDRESS	(If rural, give locatio	n)
6.	Length of s	stay in Baltimore		Mos. Days	7/3 71.	Street	in d'
-	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED	8/DATE OF BIRTH	9. AGE (In yea	rs If Under Year If Under 24 Hours
	M	w		ED, DIVORCED (Specify)	Jan. 23-1896	last hirthday) Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF
	Flector	/ Wan	CARL DE	INDUSTRO	(Balle	Wd.	WHAT COUNTRY?
13	FATHER'S	NAME	0.0	Crawd x	14. MOTHER'S MAIDEN	NAME	
	1/	150	00		3	1/ 1	0.
	177	u. Ille	w		aman da	Hemle	'en
	. WAS DECEAS		FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(neo	World War 1		SECURITY NO.	Main W /Sel	11.712	W. Strucker Dr
	18. 150	· C		CALICE	of DEATH	1101	INTERVAL BETWEEN
	1 - 1	X 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT		Cal	2	50	
	(This does	s not mean the mode of	f dying, e. g	(A) CATE	cenoma	of lance	reas
		re, asthenia, etc. It mea complication which c				0	
	angury or	compression which c	auseu death.	-	1.0500		
		ANTECEDENT CAUS	SES	0	nce rastase	-	5 10 17 18 18 18
Z	DISEASE	S OR CONDITIONS		(B)	***************************************		
TIOI	RISE TO T	S OR CONDITIONS, IN	STATING TH	E DUE TO			
CA	UNDERL	YING CONDITION LA	ST.	(C)			
FIC			ACCESSION.	(0)	***************************************		
		H			THE THE PARTY OF T		
Œ		SIGNIFICANT CONDI					
CE		SEASE OR CONDITION					
	19A. DATE	OF OPERATION 1	9a. MAJOR	FINDINGS OF OPER	ATION	. 0 1.1	20. AUTOPSY?
K	Marple 29	-195V 1	accuon	na of Panemen	as & generaling	LA MUNANA	YES NO
S	21A. ACCIE	ENT WAS UNDER		CE OF INJURY (e. g., in		(If in Baltimore C	city, give exact location)
1EDI	CAUSE OF	R CONTRIBUTING DEATH	anout nome, it	arm, factory, street, office bldg., e	INJURY OCCURY		
M	210. TIME	(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	22 I havel	on combifee that I	m.	desagged from	14 1004	4-10	10) And I land and the
		y certify that I att		and that death occur	-14 195) rto	,	19 _ hat I last saw the
	23ASIGNA		., 19 (3B. ADDRESS	n the causes and	on the date stated above.
	ZSA	Ju Stefu	Wain	M. D.	Zinai 1	0010	23c. DATE SIGNED
	A. BURIAL.		2	4c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City,	town, or county) (State)
1	REMOVAL (S	A 4. 11 CT	-1953	R. At- 41	1.18.1	R-Ot	adal
_	TE RECEIVE	C IV IV	SCICHATI	valle. Male	25. FUNERAL DIRECTO	saus.	/ ADDRESS A
L	CAL REGIST	RAR LL	L L	, , ,	29. FUNERAL DIRECTO	11	111 -05
P	D 8 - 105	2 Munting	town H.	1300 1600 D	tolan de Mal	lu 2331	Helterson .
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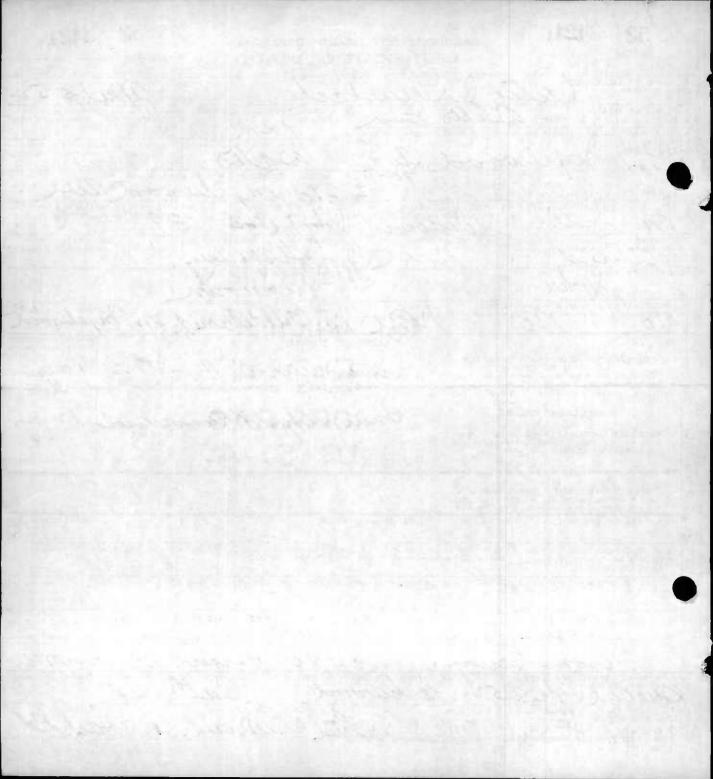


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BALTIMORE CITY HEALTH DEPARTMENT

52 3421

CERTIFICATE OF DEATH Registered I	Vo
1. NAME OF DECEASED Letter 1. Seinitacl 2. DATE OF DEATH OF	ul 552
a. Baltimore City, Maryland Balto ned A. STATE B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OR JOWN (If outside corporate limit or institution) C. CITY OR JOWN (If outside corporate limit or institution)	s, write RURAL and give township)
c. Length of stay in Baltimore 70 - Yrs. Mos. Days 274 MOS. Days 274 MOS. Days	au
	onths Days Hours Min.
10A. USUAN OCCUPATION (Givekind of work done are in most of working life, or on if retired) 10B. KIND OF BUSINESS OR 11. BIRTHILACE (State or foreign country) INDUSTRY LUMICAL LOBERT OF THE LOBE	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S NAIDEN NAME WELLOWN	
(Yes, projuntation) (If yes, give the relates of service) 16, Social PECURITY NO. 17. INFORMANT debraud 2721	ngelwood
18. 420.0 CAUSE OF DEATH	INTERVAL BETWEEN
CThis does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) UNIVOSELUTATION HEART FLATE (B) UNIVOSELUTATION HEART FLATE (A) UNIVOSELUTATION HEART FLATE (B) UNIVOSELUTATION HEART FLATE (C) UNIVOSELUTATION HEART FLATE (A) UN	. 10 grs
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) UNDERLYING CONDITION LAST.	ir 12 ym
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH (If in Baltimore City, gabout home, farm, factory, street, office bldg., etc.)	yes No M
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK TWORK	
22. I hereby certify that I attended the deceased from lepic 1 1945, to apr. 5 , 1955	that I last saw the
deceased alive on 4, 1957, and that death occurred at 1/2 m., from the causes and on the 23A. SIGNATURE	ate stated above.
24A, JURIAL, CREMA- 28B, DATE 124E, NAME OF CEMETERY OR CREMATORY 24D TO CATION (City, town, TION LEWIS CHARLES OF THE SULPS S	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	SODRESS PA
1PR 8-1952 Thintington Millauria Marketo Villauria, (26)	vary.



3422 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF April 7, 1954 MARTHA ROSINUS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimore B. FULL NAME OF ''f not in hospital or institution, give street address or HOSPITAL OR location) Maryland (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Towson Yrs. D. STREET ADDRESS (If rural, give location) Mos. 608 Anneslae Road Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Female White Married 1912 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None New Haven, Connecticut 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward J. Duggan Agnes Conlen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 608 Anneslie Road John B. Rosinus INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cirrhosis of the liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an _ Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR

St. Lawrence

REGISTRAR'S SIGNATURE

24c. NAME of CEMETERY OR OREMATORY 24D. LOCATION (City, town, or county)

25 FUNERAL DIRECTOR

New Haven.

Conn.

ADDRESS

V S 151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

Shipment

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death

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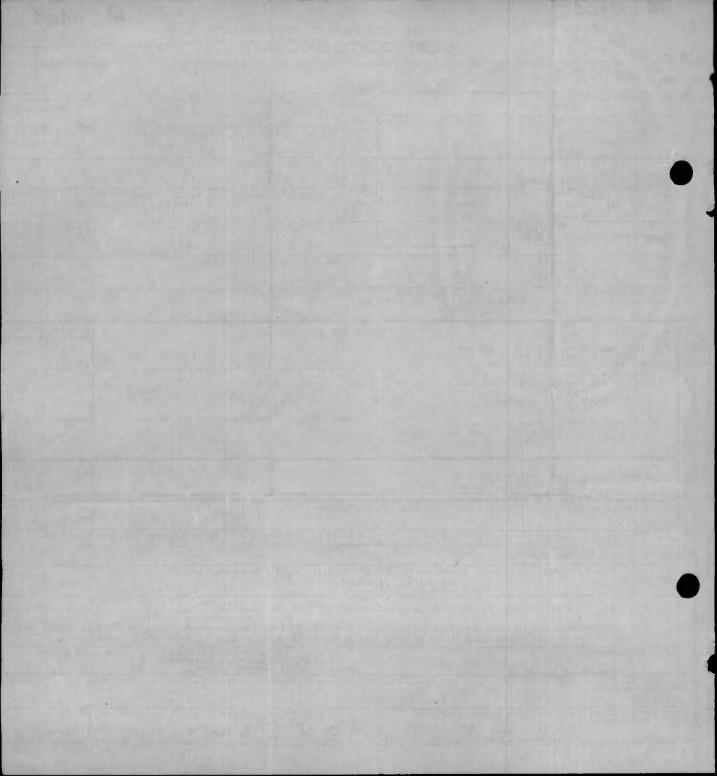
the

write

Physicians:

important.

especially



19B. MAJOR PINDINGS OF OPERATION

19A. DATE OF OPERATION

YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? ebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE ATT

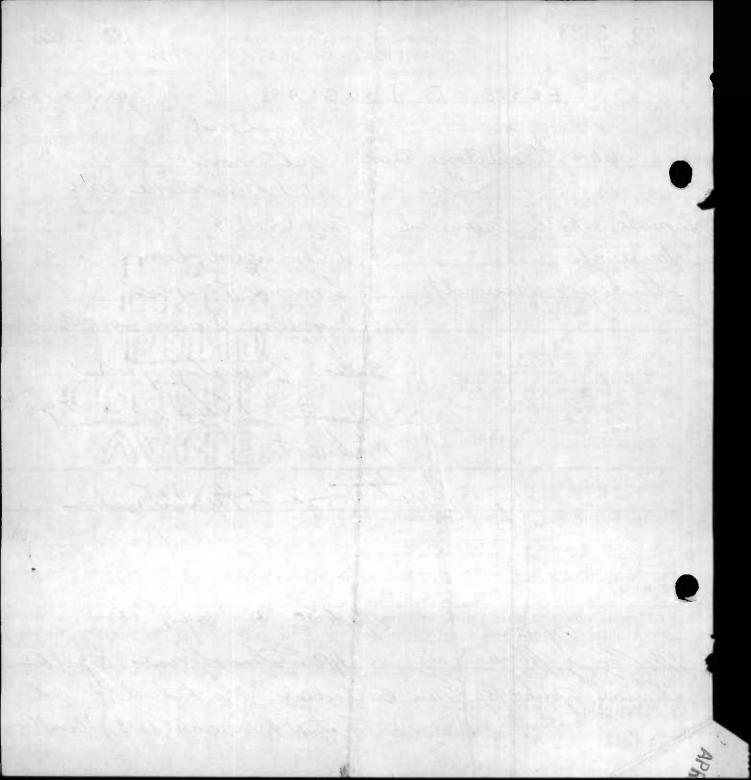
21F. HOW DID INJURY OCCUR?

10h 20 1962 that I last saw the _ 1952_to_ 22. I hereby certify that I attended the deceased from and that death occurred at 7 43 a_m., from the fause's and on the date stated above. deceased alive on lease 5219 23B. ADDRESS

23A. SIGNATURE 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY DR CREMATORY

WORK

REGISTRAR SIGNATURE DATE REGEIVED BY



m-625	
52 3424 CERTIFICATE	(%(2) (%) / ()
I. NAME OF DELEASED	12. DATE
(Type or Print) algelie. Morrison	OF NETCY TOP.
a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived institution: residence A. STATE B. COUNTY before a mission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN A STATE corporate limits, write RURAL and give
mercy Hosp	adaptinguose township)
c. Length of stay in Baltimore 34 years Mos.	3510 W. Farrison ave
5 (Specify) 6. COLORAR RACE 7. SINGLE MARRIED. WIDOWED, DINORCED (Specify)	ROATE OF BIRTH 9. AGE un year it and Trais VII Under 24 Hours Mist Cirthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. WIND OF BUSINESS OR Work done during most of working flits even if retired) INDUSTRY	11. ARTHULACE (State or foreign country) 12. CUTIZEN F WHAT COUNTRY?
Edward Kranison	14. MOTHER'S MAIDEN NAMES COVEY
15. WAS DÉCEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 705-10-5232	17. INFORMANT ADDRESS Hosp. records
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	DEATH LETUINES JUMPHOME INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON-	A
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home farm factory, street, office bldg., o	or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. NORY OCCURRED NOT WHILE	21F HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1957 to Upr 195, that I last saw the
defeased alive on 11952 and that death occur	red at 5:30 m., from the causes and on the date stated above.
fourte - auk , 8 M. D.	mercy Hosp 4/7/52
24A. BURIAL, CRENA- TION, REMOVAL (Specify)	
burial Apr. 10, 1952 Cathedr	al Baltimore, Md. / ADDRESS
LOCAL REGISTRAR	Colemn Lemoney. 4611 Park Heights Ave.
APRV81501934 Huntington Villalin, 500	35420

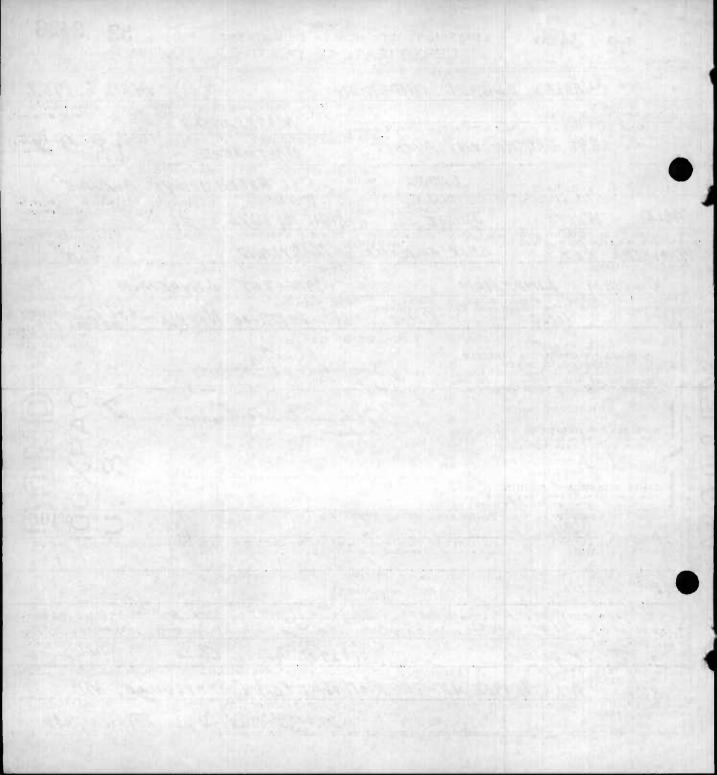
for the state of t . Our will but they think sale to the

23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS -0 24A. BURIAL, CREMA-TION REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE 150 1952

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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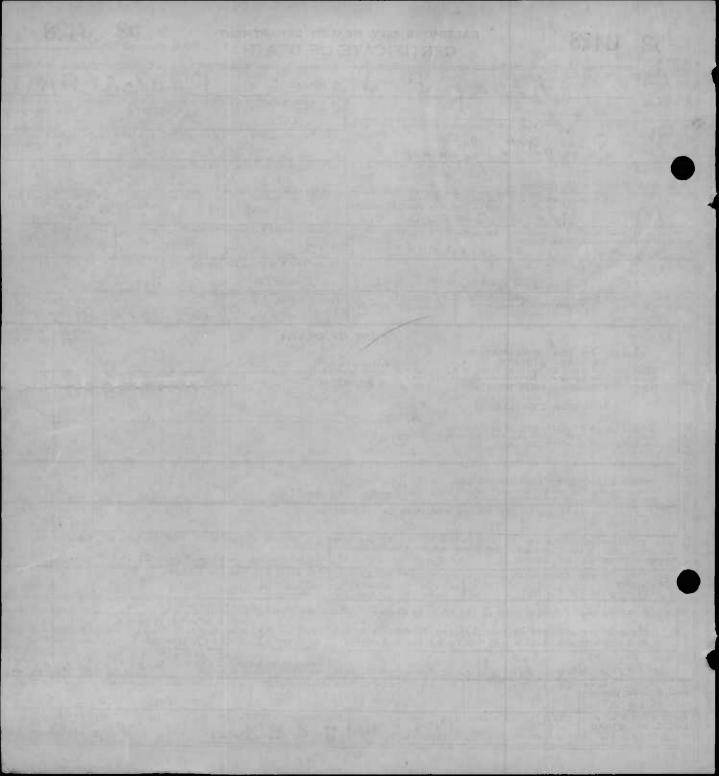
-	RTH NO.			OLIVIII IONI	E OI BEATH		
	NAME OF D ype or Print)		EDWAR	D LINDEM	N	OF APRIL	6,1952
Α.		City, Maryland			4. USUAL RESIDENCE (TALE MARY)		
140	FULL NAME OSPITAL OR	2536 GREE		on, give street address of location		f outside corporate limits.	
9	31110110N	ASSO GKEE	N/WOON		BALTIMON		wnship)
	Langth of s	tay in Baltimore	ي ا	SYEARS Yrs. Mos.	o. STREET ADDRESS (If		INVE
	SEX	6. COLOR OR RACE		Days MARRIED.	B. DATE OF BIRTH		nder I Year If Under 24 Hours
1	MLE	WHITE	SIN	ED, DIVORCED (Specify	MPRIL 16, 1875	76 -	ths Days Hours Min.
work	A. USUAL OC	CUPATION (Give kind of working life, even If retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY
1	HOLSTER		SEL	EMPLOYED	MINKYLAND		USA /
13	. FATHER'S N				14. MOTHER'S MAIDEN N		2
1.5	WILL		EMON		MARGARET	LINDEMON	
(Ye	, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	MRS · GERTRUDE		FREENMOUNTA
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY				ONSET ANO OEATH
		LEADING TO DEA	TH	1 Bro	neho- / meun	nomia	
	heart failu	re, asthenia, etc. It me complication which	ans the disease	e,			
			CEC		/	2 41	
z		ANTECEDENT CAU	SES	(B) and	enoselester Co	der Vascular	
NOL	DISEASE RISE TO T	S OR CONDITIONS,	IF ANY, GIVIN	(B) Art	enrelenter Co	Ar Varenter	
SATION	RISE TO T		IF ANY, GIVIN	G (B) de	ennelester Co	der Varender	
FICATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVIN	E OUE TO	enrele, tu Co	Aur Vancader	
F	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVIN) STATING TH AST.	(C)	anneles tu la	The Varender	
CERTIFICATION	OTHER S	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II BIGNIFICANT COND G TO THE OEATH, BUT	IF ANY, GIVIN) STATING TH AST. DITIONS CON T NOT RELATE	(C)	annelenter (Eder Vance for	
RTI	OTHER STRIBUTION	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION	IF ANY, GIVIN) STATING TH AST. DITIONS CON T NOT RELATE N CAUSING I	(C)	RATION	Edw Varender	20. AUTOPSY?
RTI	OTHER STRIBUTION	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION	IF ANY, GIVIN) STATING TH AST. DITIONS CON T NOT RELATE N CAUSING I	(C) (C)	RATION	Lew Vance for	20. AUTOPSY? YES NO
RTI	OTHER STRIBUTION TO THE CO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE,	IF ANY, GIVIN) STATING TH AST. DITIONS CON T NOT RELATE N CAUSING 11 19B. MAJOR	(C) (C)	In or 21c. WHERE DID (If in Baltimore City, give	YES NO
DICAL CERTI	OTHER STRIBUTION TO THE OTHER	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)	DITIONS CON NOT RELATE N CAUSING 1 198. MAJOR	(C)	In er 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
DICAL CERTI	OTHER STRIBUTION TO THE OTHER	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE,	IF ANY, GIVIN) STATING TH AST. OITIONS CON NOT RELATE N CAUSING II 19B. MAJOR 21B. PLA about home, for	(C) (C) (C) (C) (C) (C) (C) (C)	in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
DICAL CERTI	OTHER STRIBUTION TO THE COMMISSION OF INJURY	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify) (Month) (Day) (Year	DITIONS CON NOT RELATE N CAUSING 1 198. MAJOR 218. PLA about home, for the country of the count	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	Y OCCUR?	YES NO De exact location)
DICAL CERTI	OTHER STRIBUTION TO THE COMMISSION OF INJURY	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION DF OPERATION ENT. SUICIDE. (Specify) (Month) (Day) (Year y certify that I at	DITIONS CONTROL RELATED CONTRO	CE OF INJURY (e. g., arm, factory, street, office bldg.	In or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21F. HOW DID INJUR 1944, to	Y OCCUR?	yes No De exact location)
DICAL CERTI	OTHER STRIBUTION TO THE OTHER OF INJURY	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify) (Month) (Day) (Year y certify that I at live on	DITIONS CONTROL RELATED CONTRO	CE OF INJURY (e.g., arm, factory, street, office bldg. 21E. INJURY OCCURF WORK NOT WHILE AT WORK deceased from 3/ and that death occur	in or 21c. WHERE DID (sec.) INJURY OCCUR? RED 21f. HOW DID INJUR 25 , 1949, to rred at 4 m., from to 238. ADDRESS	Y OCCUR?	yes No ve exact location) That I last saw the date stated above.
MEDICAL CERTI	OTHER STRIBUTION TO THE OF INJURY 210. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONOITION OF OPERATION ENT. SUICIDE. (Specify) (Month) (Day) (Year The Condition of the	IF ANY, GIVIN) STATING TH AST. OITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for (Hour) m. tended the	CE OF INJURY (e. g., arm, factory, street, office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from 3/ and that death occur M. O.	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJUR 25 , 19 1, to	Y OCCUR? 4/6, 1952, the causes and on the	that I last saw the date stated above.
MEDICAL CERTI	OTHER STRIBUTION TO THE OF INJURY	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify) (Month) (Day) (Year y certify that I at live on TURE TURE CREMA-1 24B, DATE	IF ANY, GIVIN) STATING TH AST. OITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for (Hour) m. tended the	CE OF INJURY (e.g., srm, factory, street, office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from 3/ and that death occur	in or 21c. WHERE DID (otc.) INJURY OCCUR? RED 21f. HOW DID INJUR 23 , 19 7, to rred at 7 m., from to 23s. ADDRESS 937 2. Nov. 1	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 4-7-52 recounty) (State)
DEDICAL CERTI	OTHER STRIBUTION TO THE CO 19A. DATE CO 21A. ACCIDE HOMICIDE 210. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA: AA. BURIAL. DN. REMOVAL (SON, REMOVAL (S OR CONDITIONS, THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) TO THE OEATH, BUT TO THE OEATH, BUT TO THE OEATH, BUT TO THE OEATH (Specify) (Month) (Day) (Year The Above CREMA- TORRE APPLIE A	IF ANY, GIVIN) STATING TH AST. OITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for (Hour) m. tended the	CE OF INJURY (e. g., arm, factory, street, office bldg. 21e. INJURY OCCURP WHILE AT NOT WHILE AT WORK deceased from 3/ and that death occur M. O. 24c. NAME OF CEMET	in or 21c. WHERE DID (otc.) INJURY OCCUR? RED 21f. HOW DID INJUR 23 , 19 7, to rred at 7 m., from to 23s. ADDRESS 937 2. Nov. 1	Y OCCUR? 4/6, 1952, the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 4-7-52 recounty) (State)
D IN MEDICAL CERTI	OTHER STRIBUTION TO THE OF INJURY 21A. ACCIDE HOMICIDE 21A. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA 4A. BURIAL.	S OR CONDITIONS, THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) TO THE OEATH, BUT TO THE OEATH, BUT TO THE OEATH, BUT TO THE OEATH (Specify) (Month) (Day) (Year The Above CREMA- TORRE APPLIE A	IF ANY, GIVIN) STATING TH AST. OITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for (Hour) m. tended the	CE OF INJURY (e. g., arm, factory, street, office bldg. 21e. INJURY OCCURP WHILE AT NOT WHILE AT WORK deceased from 3/ and that death occur M. O. 24c. NAME OF CEMET	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJUR 23 , 1947, to rred at 46 m., from to 23B. ADDRESS 437 E. Showill REY OR CREMATORY 240. L THODIST CEM. Coc.	the causes and on the	re exact location) what I last saw the date stated above. 23c. DATE SIGNED 4-7-52 recounty) (State) MD. ADDRESS



-453	×.	52 3427				
5.9 .502.7	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg					
1. NAME OF DECEASED (Type or Print) MRS. NAWNIE GILLENNATER	2. DATE OF DEAT	HADR8 1972				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where decea					
B. FULL NAME OF (If not in hospital or institution, give street address Hospital OR local Institution) HOSPITAL OR INSTITUTION METCHY HOSPITAL		porate limits, write RURAL and give township)				
	Yrs. D. STREET ADDRESS (If rural, give)	location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	Specify 8. DATE/OF BIRTH 9 AGE (56	in years Under Year				
IOA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS C INDU:		12. CITIZEN OF WHAT COUNTRY?				
600. W. LILLEY	14. MOTHER'S MAIDEN NAME CORA MOOR	14. MOTHER'S MAIDEN NAME CORA MOORE				
15. WAS DECEASED EVER IN U. S. RMED FORCES? (Yes, no or nakanawa) (If yes, give war or dates of service) 16. SOCIAL SECURITY	NO. WESLEY GILLENW	ADDRESS SAME				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	SE OF DEATH /	GITS ADAYS				
19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?				
YES NO TO THE PROPERTY OF THE						
ma manu Tari	CURRED 21F. HOW DID INJURY OCCUR?					
deceased alive on 4/8 19 2 and that death of the deceased from the deceased alive on 4/8 19 2 and that death of the deceased from the dece	occurred at 1/24m., from the causes	and on the date stated above. 23c. DATE SIGNED (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR APR 8 1950	John M. Paylor	Sou				
VS 150 Tuning 69087 Harapolis Much						

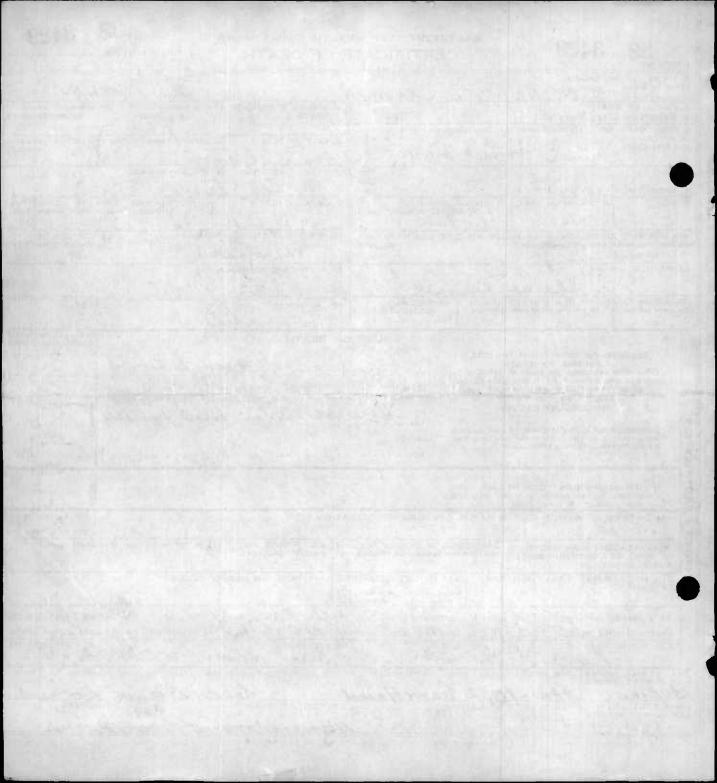
parter party of property from

BALTIMORE CITY HEALTH DEPARTMENT 3428 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE HENRY 4. USUAL RESIDENCE (Where deceased live), If institution 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2401 KLOMAN c. Length of stav in Baltimore Days AGE (In years) If Under I Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE DIVORCED 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TIMORE SHIPXARD BURNER 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ot 103W10THAVE -25 causes CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Asphyxiation heart failure, asthenia, etc. It means the disease, OUE TO drowning iajury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Acute alcoholism TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-UTING CAUSE OF DEATH. INJURY OCCUR? harbor Harbor near Maryland Yacht Club 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IE. INJURY OCCURRED Found drowned April 5. 1952 Found WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗀, accident 🛣 suicide 🗀, homicide 🗀, undetermined 🗀. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR .. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town or county) BURIAL, CREMA-2 B. DATE TION, REMOVAL (Specify) JURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR OHNEDOWNI, INC. 715 LIGHT ST-30 untinglant. Validies 1. 690 3U



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) TORELAND, MRS CARVILLA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) BAUX. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years lf Under 24 Hours It Under 1 Year BIRTH last birthday) Months: Days Hours Min. Widow 0 1V. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? tousemi 13. FATHER'S NAME 14. MOTHER SMA DEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL I7. INFORMANT ADDRESS SECURITY NO. Vo INTERVAL BETWEEN CAUSE OF DEATH 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 218. PLACE OF INJURY (e. g., lo or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certifythat Lattended the deceased from. 19 that I last saw the deceased alive on topul 6 and that death occurred at 10 Pm., from the causes, and on the date stated above. 192 23A. SIGNATURE 239, DATE STONED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify) SUCIAN DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150



AB-158095

3430

CERTIFICATE OF DEATH

52 3430 Registered No.

BIRTH NO.			OLIVIII 10/VII	L OI DEATH		
1. NAME OF D (Type or Print)					2. DATE OF	
		aret	Evans		DEATH Apri	
A. Baltimore	City, Maryland			4. USUAL RESIDENCE (B. COUNTY	If institution: residence before admission
B. FULL NAME	OF (If not in hospit		ation, give street address or			altimore
HOSPITAL OR	Baltimore Ci		spitals location)	C. CITY OR TOWN (I	f outside corporate lin	nits, write RURAL and give township
	4940 Eastern	Ave.		Dundalk		
			Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	5304
	stay in Baltimore		life Days		154 -zone	
5. SEX	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9. AGE (In years If Under Year If Under Wash Wonths Days Hours		Months Days Hours Min.	
Female	White	Wido	red	July 2-1884 67		
IOA. USUAL OC ork done during most	CUPATION (Give kind of of working life, even if retired)	108. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
			Sahir John S.	Maryland		Wilk Cooking
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Thomas Wi	. Duvs	11	Mary Elizabeth	h Hapel	44
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT 1: INFORMAN				ADDRESS		
			212-28-2464	Records: 4940 Ea	re city nosp	14912
18. 11.2	0.1			OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This does	LEADING TO DEAT	r H dving e	. Myocar	dial Infarction		3hrs.
heart failt	ire, asthenia, etc. It mea	ns the disea	ase.		***************************************	****
injury or	complication which c	aused dea	th.) DUE TO			
	ANTECEDENT CAUS	ES	Ventri	cular Tachyardia		2hrs.
DISEASE	S OR CONDITIONS, II	F ANY, GIV	(8)		•	WATE DE
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING '	THE DUE TO			
5			(C)		***************************************	
DISEASE RISE TO I UNDERL'	11					
OTHER S	SIGNIFICANT CONDI					
	G TO THE DEATH, BUT					
. 19A. DATE O	OF OPERATION 1	9в. МАЈО	R FINDINGS OF OPER	ATION		20. AUTOPSY?
ξ						YES NO
LYING O	DENT WAS UNDER-	21B. Pl about home	ACE OF INJURY (e. g., in g, farm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)
CAUSE OF	(Month) (Day) (Year)	(Wann)	21E. INJURY OCCURR	ED 21f. HOW DID INJUR	V OSCUPA	
OF INJURY	(Month) (Day) (lear)	(Hour)	WHILE AT NOT WHILE	ED ZIF, HOW DID INJUR	T OCCUR?	
		m.	WORK AT WORK			
22. I hereb	y certify that I att	ended th	e deceased from 4-7	- , 19.52 to_1	1-7- , 19.	52, that I last saw the
deceased a	live on 4-7-			red at 4.50AM, from		
23A. SIGNA	TURE 1	1	2	3B. ADDRESS		23c. DATE SIGNED
	7.5- 6	200	C22 M.D.	4940 Eastern Ave.	.Bal+imore.	Ma. 4-7-1952
24A. BURIAL.	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, tov	vn, or county) (State)
Burial	April I	I 195	2 Loudon Pa	rk Ba	Ltimore Ma	rvland
DATE RECEIVE				25. FUNERAL DIRECTOR		ADDRESS
ADD Q	TRAR	去	din a mi	sworth Armaco:	st. 4600 Td	berty Hgts.
VS 150	The same	1			7000 DI	Ave.
A 2 120		/1				27100

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3431 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sinnott, Ruth April 7 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 20 Mos. c. Length of stay in Baltimore 32 Avon Avenue 35 years Days 6. COLOR OR RACE 5 SEX SINGLE, MARRIED. AGE (In years # Under 1 Year | # Under 24 Hours last birthday) | Months; Days | Hours; Min. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) Widow 11. BIRTHPLACE (State or foreign country) Female. White 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Bill's Sandwich Shop Waitress Kenneth Square, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ren. George P. Hoopes
15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or nnknown) (If yee, give war or dates of service) Rebecca Gunning 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO 7-12-742 Anna E. Taylor-Mass. 18. 56/15 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized peritonitis (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Ruptured viscus ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11

WHILE AT

WORK

22. I hereby certify that I attended the deceased from April 6

April IO 1952 Union Hill

24B DATE

untington

52 3431

before admission)

12. CITIZEN OF

.. 19 52 that I last saw the

23c. DATE SIGNED

Ave.

WHAT COUNTRY?

ADDRESS INTERVAL BETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Intestinal obstruction TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? Generalized peritonitis. Ruptured viscus YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

OF INJURY

23A. SIGNATURE

24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

DATE RECEIVED BY APR 9- 1952

VS 150

Burial

NOT WHILE!

AT WORK

M. D.

deceased alive on April 7, 19 52, and that death occurred at 7:55 am, from the causes and on the date stated above,

23B. ADDRESS

1952, to April 7

25. FUNERAL DIRECTOR Square ADDRESS

R11sworth Armacost 4600 Liberty Hgts.

1100 N. Caroline Street

24c NAME OF CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county)

andmin sacada? Carry 12 Carry Land W. Carlor-Hass. A THE RESERVE OF THE PARTY OF T and the same The Research of the second of

Eyam Case CITY HEALTH DEPARTMENT FICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, watte RUKAIland give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 9. AGE (In years all Under I Year lit Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign countr 12. CITIZEN OF work dangeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY eture & TIMORE, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hopet 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknnwn) (If yes, give war or dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) 8-09-32/2 JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, glvc exact location) 21A. ACCIDENT WAS UNDER-EDI about hame, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1952 to 195 that I last saw the 22. I hereby certify that I attended the deceased from. ., and that death occurred at 7,3 5 m., from the causes and on the date stated above. deceased alive on . 19. 23C. DATE SIGNED 238. ADDRESS 23A. SIGNATURE 24A, BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 7401 GERMAN HILL BURIAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR . LONKLING ST. VS 150

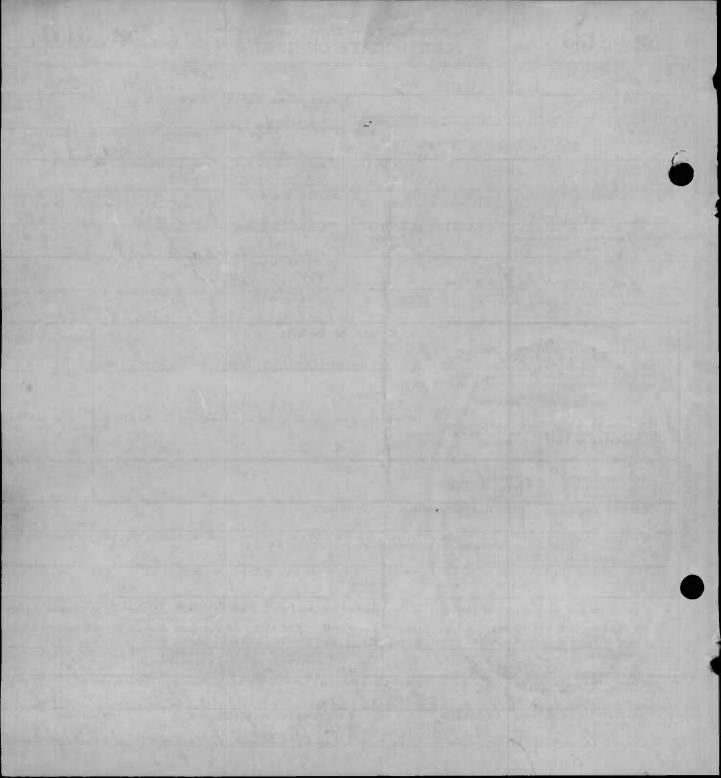
NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF CT. ASS 1. M.C.O.O.AL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT 3433 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE DEATH April 7, 1952 LEWIS GROSS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 555 W. Biddle Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 555 W. Biddle Street Length of stay in Baltimore Days 9. AGE (In years It Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Give kind of work done during most of forking life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? avorer 13. FATHER'S NAME aares 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CA (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 3, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25/FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR V S 151

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VS 150

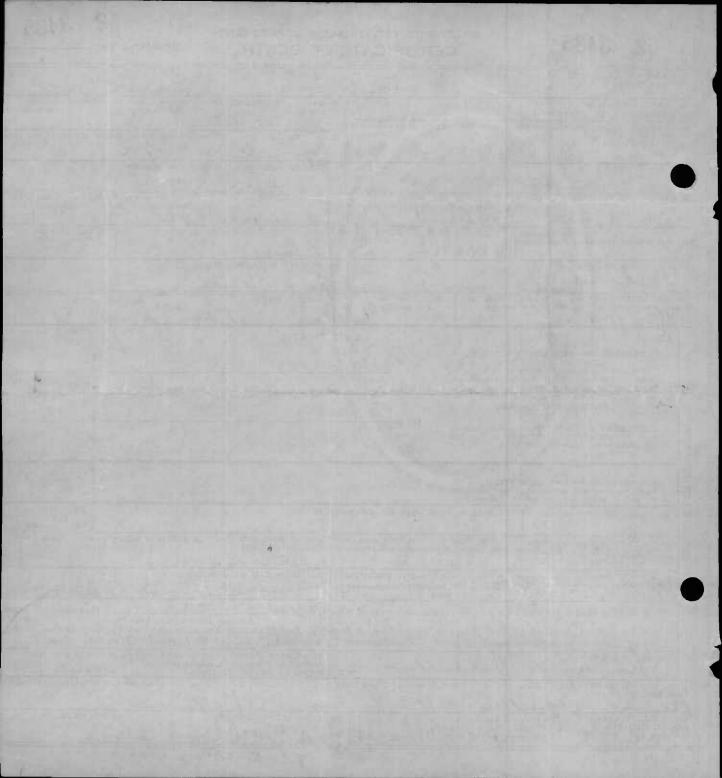
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52 3434

Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2 2 0 4 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SHIGLE, MARRIED AGE (In years | li Under I Year last birthday) | Months: Days WIDOWED, DIVORCED (Specify) Hours: Min. Bidow 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR I. BIRT PLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECESED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or detes of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 2 days LEADING TO DEATH Intestinal Obstruction (This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 6 months Matastatic Carcinoma DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO about Carcinoma Breast, left UNDERLYING CONDITION LAST. 9 months OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT March 21, , 19 52, to April 7, 19 52 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Apr. 7, 19 52 and that death occurred at 4:50pm., from the causes and on the date stated above. 23A. SIGNATURE 516 Cathedral St. 23c PATE SIGNED Traham manho 24A. PURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

This patient was under the professional care of In Emut 6. more and was seen by me where els. man was away from the City James & maniton's

	0	PALTIMORE CITY I	HEALTH DEPARTMENT	3435			
	BI	CO '74'7'5	TE OF DEATH Registered No.				
	1.	NAME OF DECEASED (ype or Print) WALTER GRELI	K 2. DATE OF DEATH April	7, 1952			
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission				
	H	FULL NAME OF Continuous institution, give street address OSPITAL OR location	n) c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)			
bly.		Johns Hopkins Hospital Yrs Mos	D. STREET ADDRESS (If rural, give location)				
and legibly		Alength of stay in Baltimore Day SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Control of the control	B. DATE OF BIRTH S. AGE (In years) K Bind	er I Year If Under 24 Hours s; Days Hours Min.			
	10	Male White Married DA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTR	MILBIN HPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?			
clearly		B. EATHER'S NAME 1	14. MOTHER'S MAIDEN NAME	WIAI COOMINI			
death	1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary adams				
of	(Ye	or unknown) (If yes, give war or dates of service) SECURITY NO	Mary Frelik 1631 Joug	4 St			
causes		DISEASE OR CONDITION DIRECTLY	E OF DEATH	ONSET AND DEATH			
e the		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	yxia due to hanging				
write		ANTECEDENT CAUSES					
Physicians: please	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
ans:	FICA	(C)					
ıysici	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.					
	LC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP		20. AUTOPSY?			
important.	DICA	21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. UTING CAUSE OF DEATH.		exact location)			
impo	ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?	from roftone			
cially	1	April 7, 1952 8:00 P. m. WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described	Asstorage	thereon and from			
especia		the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the cases \square , accident \square , suicide \square , homicide \square , und	etermined .			
age is		Hanley J. Durlachen	M.D. MEDICAL INVESTIGATOR	ril 8, 1952			
correct a	715	ON, REMOVAL (Specify)	TERY OR CREMATORY 240, LOCATION (City, town, or	county) (State)			
cor		ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS			
	V	S 151 N 991 × 970	1930 Lastern dus	~			

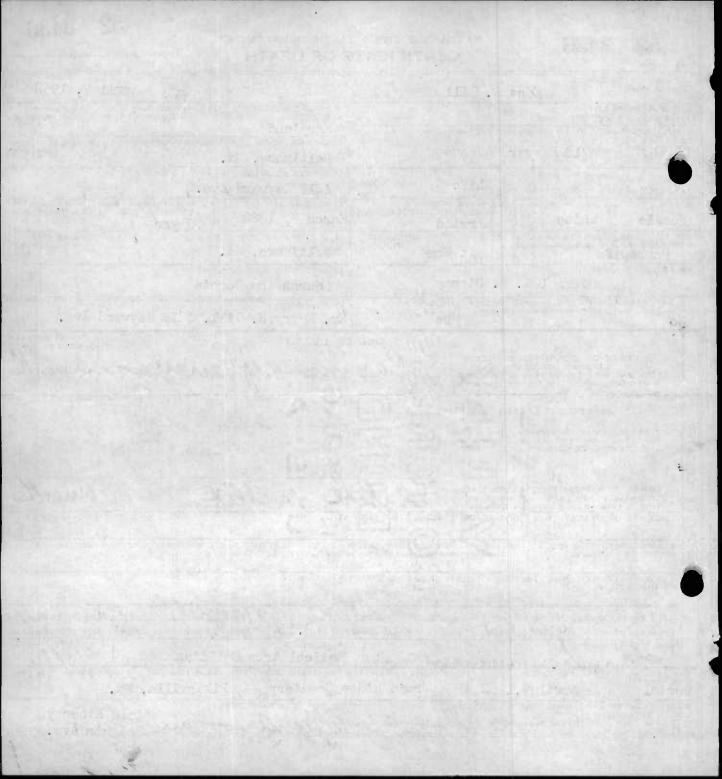


correct agais especially important. Physicians: please write the causes of death clearly and regiony.

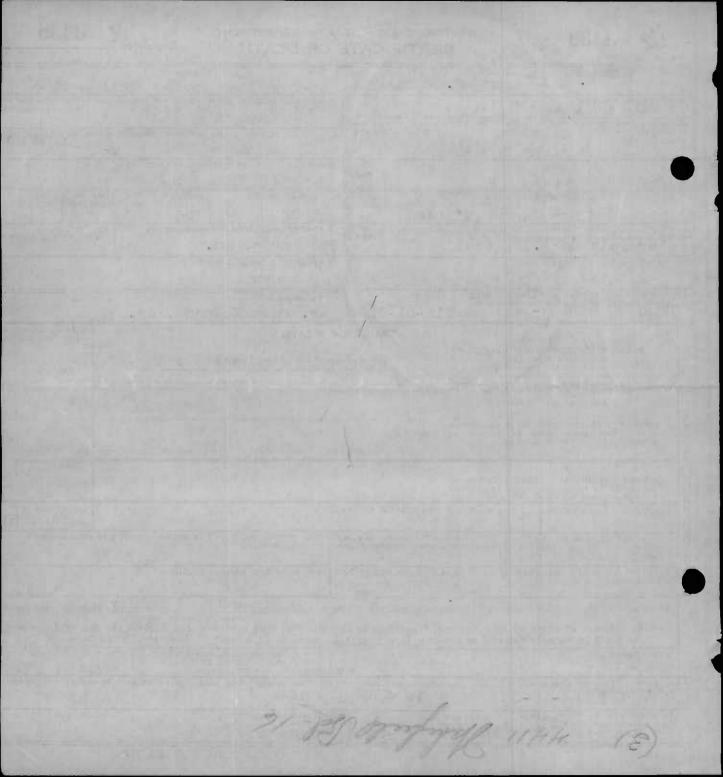
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No._

BIRTH NO.			OLIVIII IOATI	L OI DEATH				
1. NAME OF (Type or Prin	DECEASED Edne	a A. Gi	11		OF Apt	ril 7, 1952		
3. PLACE OF	DEATH: e City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, 1: B. COUNTY	f institution : residence before admission)		
B. FULL NAM HOSPITAL O	ME OF (If not in hospit		ion, give street address or location)	Maryland		ts, write RERAL and give township)		
c. Length o	f stay in Baltimore	Lif	Yrs. Mos. Days	D. STREET ADDRESS (If 4218 Hayward A				
5. SEX Female	6.COLOR OR RACE White		E. MARRIED, /ED. DIVORCED (Specify)	8. DATE OF BIRTH March 9, 1882	9. AGE (In years)	If Under 1 Year H Under 24 Hours unthis Days Hours Min.		
	OCCUPATION (Give kind of cost of working life, even if retired)		O OF BUSINESS OR INDUSTRY	Baltimore, Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13, FATHER	Israel I.	H. Dis	sney	14. MOTHER'S MAIDEN N Sarah Ann Cor				
	ASED EVER IN U. S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Harry H. Gil	1, 4218 Hayw	ard Ave.		
Z DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (A) (B) DUE TO							
M OTHE	R SIGNIFICANT CONDITING TO THE DEATH, BUT E DISEASE OR CONDITION	NOT RELAT	ED Wall	tes melli	tus	3 mentles.		
. 19A. DAT			OR FINDINGS OF OPERATION			20. AUTOPSY?		
	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?)							
	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK							
deceased	22. I hereby certify that I attended the deceased from Dec. 27, 19 5/to 4, 19 52, that I last saw deceased alive on 4, 1, 1952, and that death occurred at 2.30 Am., from the causes and on the date stated about							
24A. BURIA	NATURE	min	ello M.D.	Medical Arts Bui		23c. DATE SIGNED 4 8 52 n, or county) (State)		
Burial	April 9,	1952	Druid Ridg		ikesville, M			
DATE RECEI		J- 1/1/	liams 1	FUNERAL PURECTOR	V. A. A	O Liberty		
VS 150	9	900	4. 0	3431				



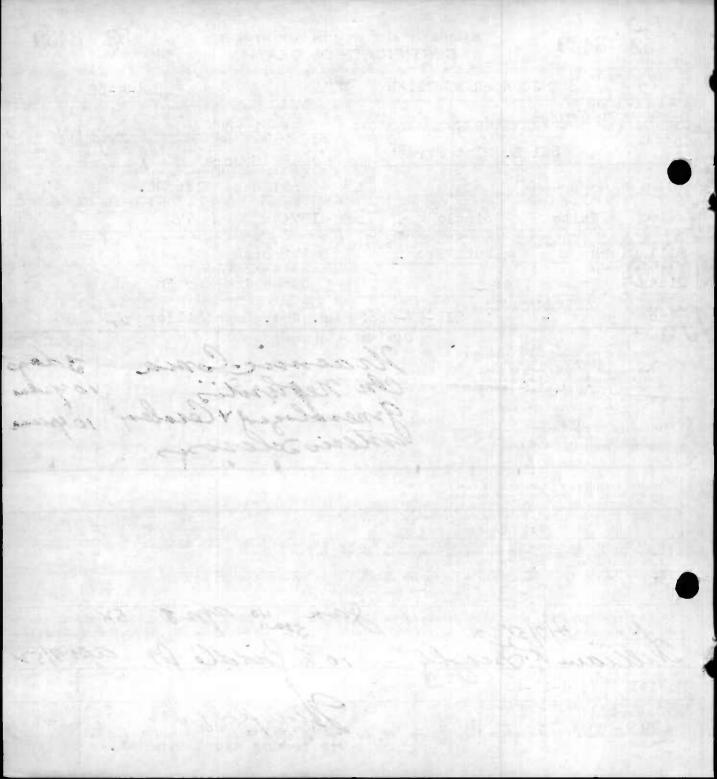
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3439 Registered No.

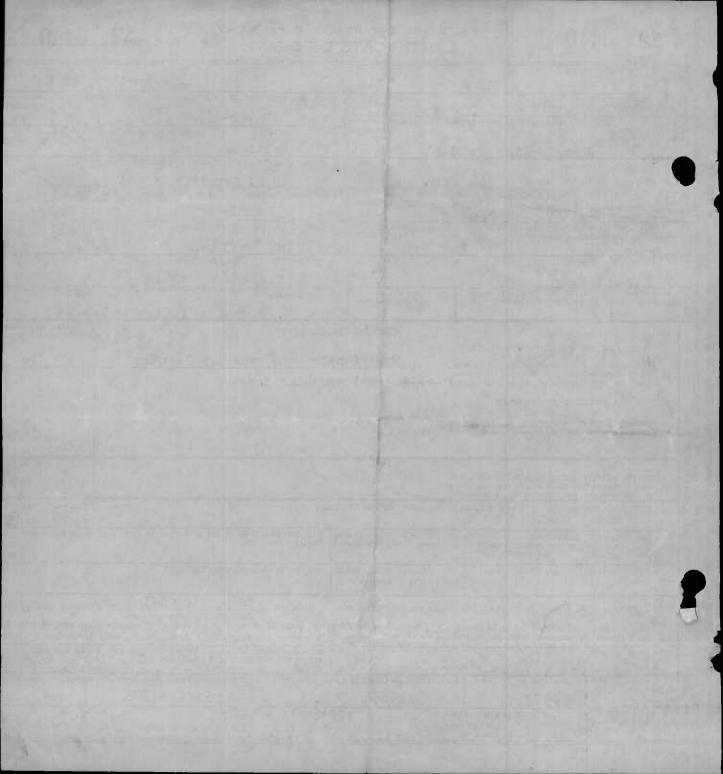
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN BRANDMILLER	2. DATE OF 4-8-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location S21 E. 21st Street	C. CITY OR TOWN (If outside corpor te limits write RURAL and give townshire
C. Length of stay in Baltimore Yrs. Mos. Day	EOT Fort OTAL St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif Single)	A DATE OF BIRTH I 9 ACE II yours Bliefer I Year 1 ft Bodes 24 ft.
10A. USUAL OCCUPATION (Givekind of work doee during most of working life, even if retired) Bill Clerk Muth Bros.	11. BIRTHPLACE (State or foreign country) Baltimore 12. CITIZEN OF WHAT COUNTRY
Michael Brandmiller	Catherine Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 212-07-6655	Mr. Jos. Brandmiller
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Prio Seleron
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	, io or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT AT WORK AT WORK	E
22. I hereby certify that I attended the deceased from deceased alive on 4/12/19. and that death occurs in the second alive on 4/12/19. and that death occurs in the second alive on 4/12/19. and that death occurs in the second alive on 4/12/19. And the death occurs in the second alive on 4/12/19. And the deceased from decea	
LOCAL REGISTRAR APR 9 = 195 Huttar Williams My VS 150	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3440

DIKITI NO.							
1. NAME OF (Type or Print)	DECEASED	FRANK	LEE	HALFITT FILL	2. DATE OF DEATH Apr	11 3, 19	152
3. PLACE OF I	DEATH:			4. USUAL RESIDENCE (If institution :	: residence
B. FULL NAME	City, Maryland B	al or institution, g	ive street address or	A. STATE Maryland	B. COUNTY	berg	pre admission)
HOSPITAL OR		,	location)	C. CITY OR TOWN	If outside corporate li	mits, vr te RI	RAL and give township)
22	Johns Hopki	ns Hospita	1	Baltimore	e 6	7	township)
			Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)		
Length of	stay in Baltimore	18 Yre	Days	19 N. Car	roline Stree	t	
5. SEX	6. COLOR OR RACE	7. SINGLE, MA	RRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
male	colored	Single		Nov-19-1900	51	0 0	
	CCUPATION (Give kind of tof working life, even If retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF T COUNTRY
Langeho		Vater		LaPlater Mary	land	U.S.A	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN I	NAME		
lbe	ert Lee		10.98	Elizabeth	Hawkins		
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	(20-, 5.10 11-01-01-01-01-01-01-01-01-01-01-01-01-0		JECORITI NO.	Mary L. Jones	1215 Rent	talou S	t
18.443	3 X		CAUSE	OF DEATH		INTER	VAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET	AND DEATH
	LEADING TO DEA	TH	Hyperte	ensive and arteri	iosclerotic	100	
heart fail	lure, asthenia, etc. It mes	ns the disease.	(11)	vascular disease		************	*********
Injury Of	r complication which o	aused death.) -	ese carait	vascular disease			
	ANTECEDENT CAUS	SES					
	DISEASES OR CONDITIONS, IF ANY, GIVING						
UNDERL		18.					
V	- 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(C)				
L	SIGNIFICANT CONDI	TIONS SON					
TRIBUTIN	SIGNIFICANT CONDI	NOT RELATED					
THE RESIDENCE AND PARTY OF THE	DISEASE OR CONDITION OF OPERATION 1	A PARTICIPATION OF THE PARTICI	DINGS OF OPER	ATION		1 20. /	AUTOPSY?
1	OF OFERATION 1	38. MAOON 7	D11100 01 01 01			YES	No IX
	RNAL CAUSE WAS	218. PLACE C	OF INJURY (e. g., in ctory, street, office bldg., e	a or 21c. WHERE DID	(If in Baltimore Cit;		
UTING [CAUSE OF DEATH.						
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE AT WORK AT WORK							
22. I port	ify that I took shar			bove, held an inspe	ection & ing	uiryheren	n and from
				Autopsy	. Inspection or Inqui	ry	
the er	eath in my opinion	said Autopsy,	Inspection or I	nquiry, find that said	deceased died on	the day st	ated above
23A. SIQNA		A TOME		23B. CHIEF MEDICAL			
XH	Enlen X.	Dun	lecher	D. MEDICAL INVESTIGA	FXAMINER T		1952
Z4A. BURIAL.	CREMA- 248 DATE	24c.1		RY OR CREMATORY 24D.	LOCATION (City, to	wn, or county)	
TION, REMOVAL (4/9/19	52 Nt	Calvery	Cem. Br	cooklyn Md	•	
DATE RECEIVE	ED BY REGISTRAR	SSIGNATURE		AS FUNERAL DIRECTOR		Brand	8
APP Q-	1952 Huntin	to Win		(Lun 5. 11)	62011000	Brant	y well
	J. Janetta	A VIEW	AUCA TO S	300			11/
V S 151			940	55			



BALTIMORE CITY HEALTH DEPARTMENT Registered NZ 3441 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF MIKAIL March 15, 1952 WIILIK DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN olf outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Morgue underown Yrs. D. STREET ADDRESS (If rural, give location) Mos. ! Length of stay in Baltimore Days 9. AGE (In years | M. Under I Year | M. Under 24 Hours | Inches | 6. COLOR OR RACE If Under 24 Hours 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death willmown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) meum CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drowning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. Lower of #3, anchorage in Patapsco River

21F. HOW DID INJURY OCCUR?

Found drowned Autopsy

thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 20 MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 240. LOGATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

OF INJURY

Found:

REGISTRAR'S SIGNATURE

8:30 A. m.

21E. INJURY OCCURRED

NOT WHILE

22. I certify that I took charge of the remains described above, held an _

EUNERAL DIRECTOR

23A, SIGNATURE

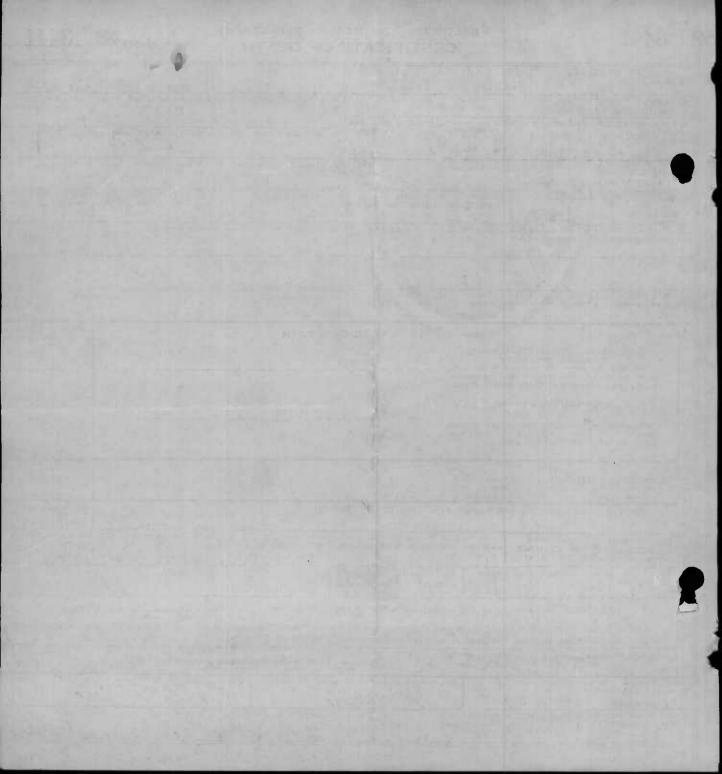
24A. BURIAL. CREMA-TION, REMOVAL (Specify)

11 allians

248 DATE

210. TIME (Month) (Day) (Year) (Hour)

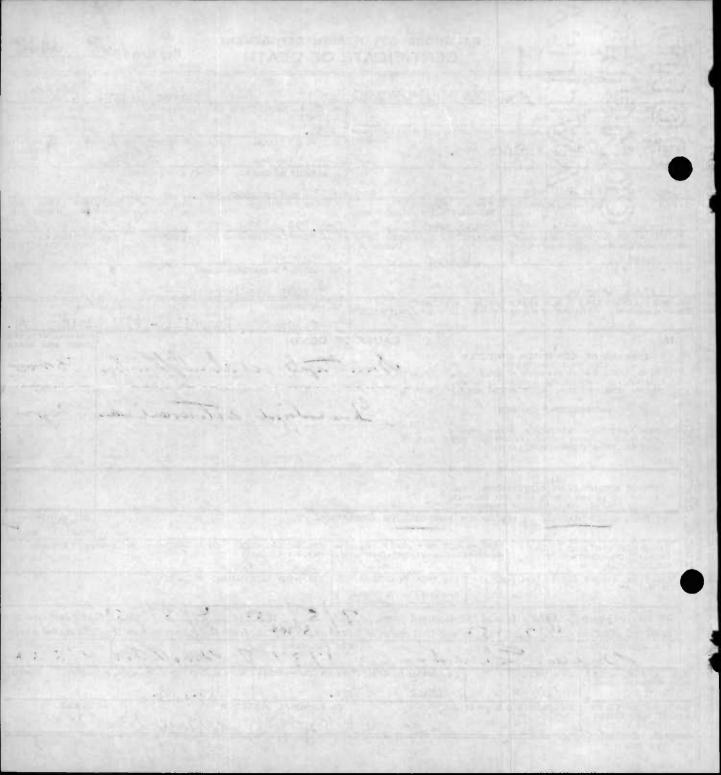
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CERTIFICATE OF DEATH

Registered No. 2 3442

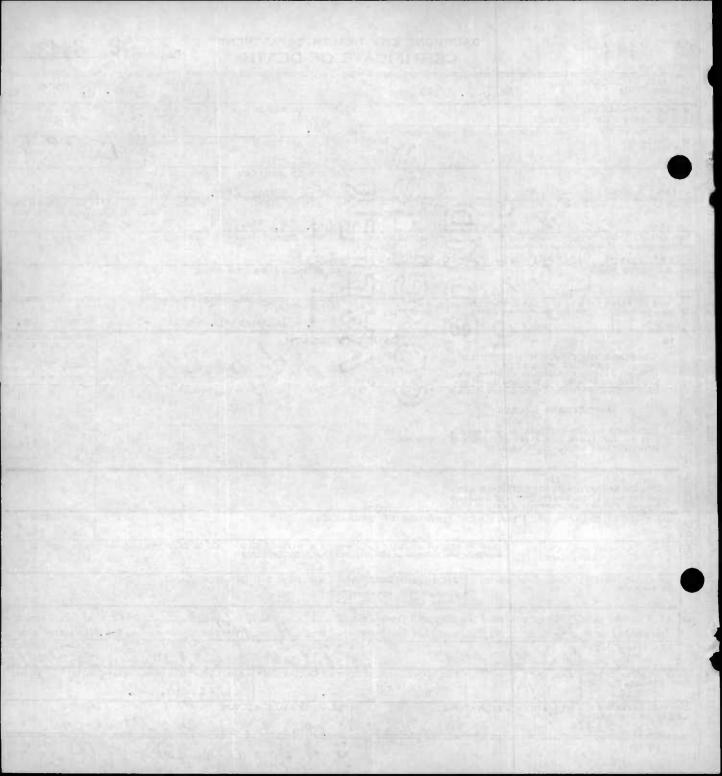
	IRTH NO.	1.140		CERTIFICATI	E OF DEAT			
1.	NAME OF D	ECEASED				2. DATE		
[]	'ype or Print)		BERTHA	SCHAUM FONSHI	LL	OF DEATH A	pril 8, 1952	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)	c. CITY OR TOWN	(If outside corporate lin	nitte wrong RURAL and give township)	
	2511 Elsinor Ave.				Baltimore		Cownsinp)	
C	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	(If rural, give location)		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARR				8. DATE OF BIRTH	Il Under I Year If Under 24 Hours Months Days Hours Min.		
	female white			lowed	Oct. 27, 18	73 78		
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
-	Housewife	i i i i i i i i i i i i i i i i i i i	At	Home	Maryland	IDEN MANG		
13	. FATHER'S	NAME			14. MOTHER'S MA			
-	William Schaum			Martha Re	ather			
(Ye	m, ao or naknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Mr.Roger	C Fonshill - 25		
	18. 33	2× .		CAUSE	OF DEATH		INTERVAL BETWEEN	
		SE OR CONDITION	DIRECTLY	1	100.1	1 1.11	/ Chock AND DEATH	
	(This does	LEADING TO DEAT	TH f dving e s	. Ome.	theple 1	e ilsel throw	live 3 mor	
	heart failure, asthenia, etc. It means the disease,							
	injury or	complication which e	aused death		1-			
		ANTECEDENT CAUS	ES	(B)	nevalued	artenesiles	Dia Lyn.	
Z	DISEASE							
Ě	RISE TO T	HE ABOVE CAUSE (A)	STATING TH					
CERTIFICATION				(C)				
E		11	1000					
RTI		IGNIFICANT CONDI						
CE		TO THE DEATH, BUT						
	19A. DATE C	F OPERATION 0 1	9s. MAJOR	FINDINGS OF OPER	RATION	20. AUTOPSY?		
CAL							YES NO	
EDIC	21A. ACCIDENT WAS UNDER. 21B. TACCOMMENT OF CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
-	OF INJURY			WHILE AT NOT WHILE				
	00 7		m.		2/8/100	01. 4/0/10	52 that I last saw the	
		y certify that I att			1 5 1, 195			
	deceased a		, 195 -		38. ADDRESS	, from the causes and on	23c. DATE SIGNED	
	ZSA. SIGNA	Dan a see	-		1-1-3-1	& moitha.		
2	4A. BURIAL.	CREMA- 248. DATE		M. D. 24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow		
TI	ON, REMOVAL (S	Specify) 1. /10 /50		Loudon Park C		Balto., Md.	1	
-	Burial	1 4/ 1U/ 52	S SIGNATI		25. JUNERAL DIR		ADDRESS	
	OCAL REGIST	RAR TI	ugton	Velligues 15	2/100 11	sickner!	Y Xms	
-	VS 150	- COLOR	0	W 64 13 1. S	3 4/	1 Of the	7 000 1	
					()	wall 1	1, Ma.	



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE Apr. 8, 1952 JAMES M. GRANT (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY beford admission) A. Baltimore City, Maryland A. STATE Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limity write RUAS) and give INSTITUTION township) 4800 Homer Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 1800 Homer Ave. Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED DIVORCED (Specify) Jan. 28. 1877 married white 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Public Schools Maryland Stationary Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Florence E. Grant - 4800 Homer Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from The 4 1917 to April 8 . 19 that I last saw the _m., from the causes and on the date stated above. deceased alive on Abec 8, 19 1 and that death occurred at 1 23A. SIGNATURE 23B. ADDRESS 236 DATE SIGNED 240. LOCATION (City, town, or county) 24A BUBYAL, CREMA-TION, REMOVAL (Specify) Burial 24B, DATE 4/10/52 Druid Ridge Cem. Pikesville, Md. ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAPO until lots

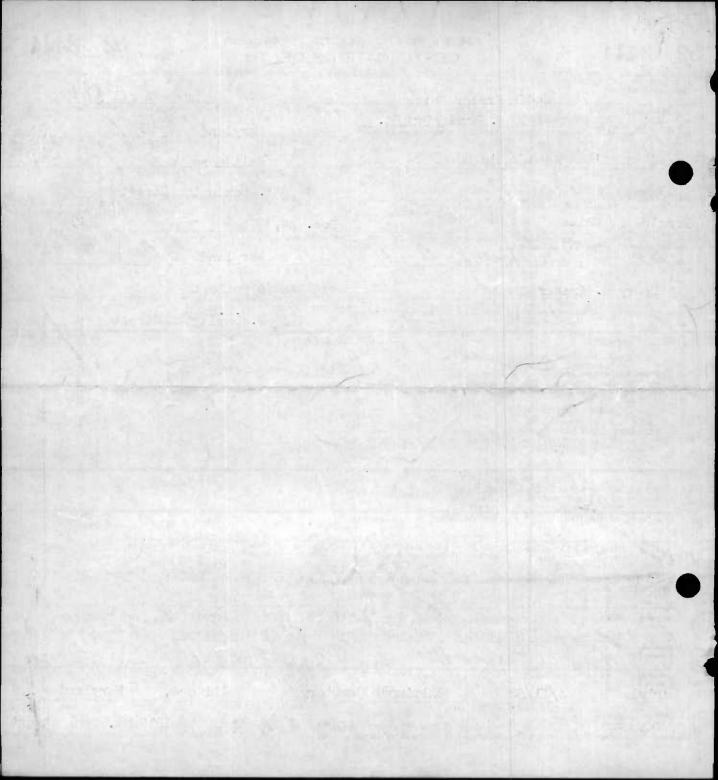


VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 3444

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF		
Sadie Kramer	Marek	DEATH APRIL 8 1952			
A. Baltimore City, Marylan 400 W. Lex		A. STATE	NCE (Where deceased lived, I. B. COUNTY	f institution : residence before admission)	
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN	Aryland (If outside corporate limi	its write RURAL and give township)	
ged Women's & Aged Men's Ho	me s		altimore ss (If rural, give location)	9-0 0	
	Mos.	41			
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE	Days	8. DATE OF BIRTH	Lexington Street		
Female White Widow	, MARRIED, ED, DIVORCED (Specify)	Dec. 24, 18	last birthday) M	onths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF	
work dong during most of working life, even if retired thomas &	or aged	Ma	aryland	WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME		
Henry W. Kramer		Annie	Rothert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yos, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	L.H.Read Lexington Stree	ADDRESS	
18. / F 3. X	CAUSE	OF DEATH	6	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY			11	ONSET AND DEATH	
LEADING TO DEATH	<i>P</i>	Meliona	Colon	192	
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	,	- COVY		- A	
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	***************************************			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	E DUE TO				
Ö	(C)				
OTHER SIGNIFICANT CONDITIONS CON					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
	FINDINGS OF OPER	RATION		20. AUTOPSY?	
ZIA. ACCIDENT WAS UNDER. 21B. PLA				YES NO	
21A. ACCIDENT WAS UNDER. LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	CE OF INJURY (e. g., i arm,factory,street,office bldg.,			give exact location)	
	IE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
OF INJURY	HILE AT NOT WHILE				
		161 1051	, to april 8 , 190	that I last saw the	
22. I hereby certify that I attended the	deceased from	10 00			
deceased alive on april 7, 190 Z.		3B. ADDRESS	from the causes and on	23c. DATE SIGNED	
Membaud Educad	Day M.D.	4-9-33rd	89.18	april 9,1452	
24A. BURIAP, CREMA- 24B. DATE 110N, REMOVAL (Specify)	4C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)	
burial 4/11/52	Baltimore Ce	emetery	Baltimore,	Maryland	
DATE RECEIVED BY REGISTRAR'S SIGNATU		25. FUNERAL DIR	ECTOR	ADDRESS	
ADD 0 = 1052 Huntington Ve	liquise 150	Wan Bouls	2 · 1217 S	t. Paul Street	



52 3445 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH (Where deceased live of institution: re-A. Baltimore City, Maryland B. COUNT (If not in hospital or institution, give street address or (If outside corporate limits, write RUit) INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE ast birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 30/8/6 (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work done during most of working life-every if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY Dauselvele 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONyoundeal TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK

19 Land that death/occurred

24c. NAME OF CEMETERY OR

22. I hereby certify that A attended the deceased from 2

REGISTRAR'S SIGNATURE

1952 that I last saw the

ADDRESS

23c. DATE SIGNED

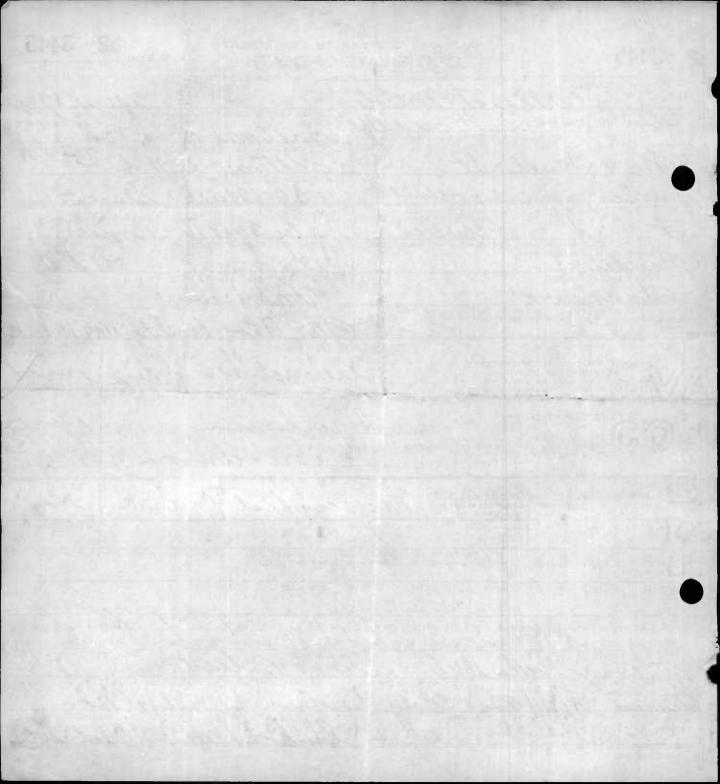
m., from the causes and on the date stated above.

a is est

deceased alive on_

REMOVAL (Specify)

VS 150



CENTIFICATE CORREC BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3446 CERTIFICATE OF DEATH BIRTH-NO 1. NAME OF DECEASED James 2. DATE OF 4-8-52 (Type or Print) Jessie Shifflett Shiflett 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR Batimore City Hospitals location) (If outside corporate limits, write RURAL and give 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 2101 Sparrows Point Road c. Length of stay in Baltimore 8 MOs. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laborer Steel Will Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) John Shiflett Jane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANBALtimore City Hospitalis (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO holo Wastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rheuma+ic heart disease YTE. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD ANTECEDENT CAUSES (a) Nitrial stenosis ? yrs. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 12 Hrs. (c) Acute Pulmonary Edema OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY , 1952, td-8-. 1952, that I last saw the 22. I hereby certify that I attended the deceased from 4-?-19 522, and that death occurred at 1:P deceased alive on 4-8-_m., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS 23A, SIGNATURE 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY DR CREMATORY 24B, DATE 25. PUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY

untinglow

VS 150

TESTS OF THE TOP OF A SECTION OF THE PARTY Detect I F 45 bell ship a story to Witness William

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland VAR word B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year | If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify 1. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done, during most of working life, even if retired) INDUSTRY Houseway 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or nuknown) (If yes, give war or dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SEGURITY NO. NONE causes INTERVAL BETWEEN CAUSE OF DEATH 20.1 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING ы CAUSE OF DEATH 121E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE ATT WORK 8. 195 2 that I last saw the 22. I hereby certify that I attended the deceased from Lynn . 19 4 to Court 8. 19 12 and that death occurred at 150m., from the causes and on the date stated above. deceased alive on little 23c. DATE SIGNED 234 SIGNATURE mol. 24C NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA. TION, REMOVAL (Specify)

LAWN

25. FUNERAL DIRECTOR

20. AUTOPSY?

ADDRESS

BIACTIMORE

BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

24B. DATE

1952

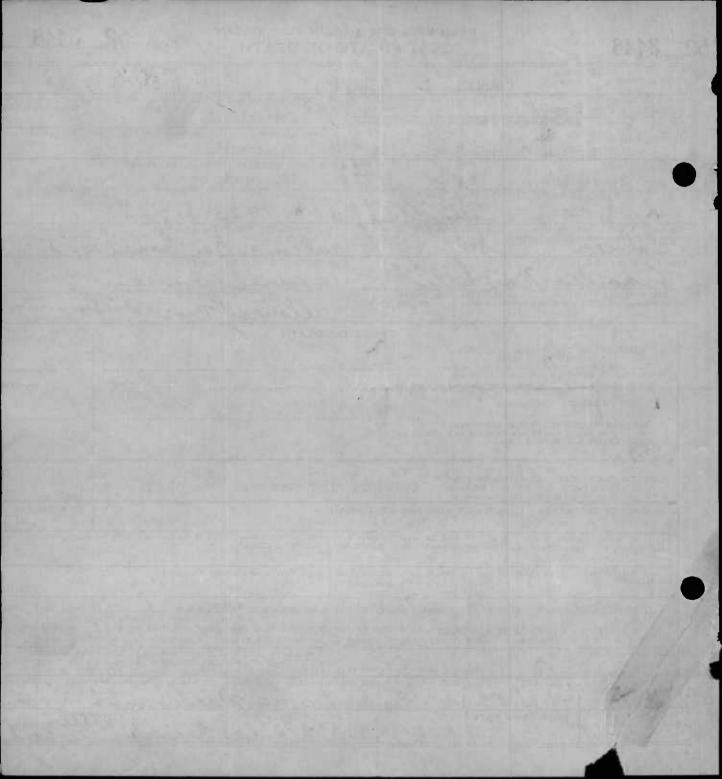
REGISTRAR'S SIGNATURE

V S 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered Ro 3448

BIRT	H NO.*	CEI	RIFICAT	E OF DEATH	Tregistered Tre			
(Type	ME OF DECEASED or Print)	CHARLES J	rayha		2. DATE OF DEATH April			
	ACE OF DEATH: altimore City, Maryland			4. USUAL RESIDENCE	B. COUNTY	stitution : residence before admission		
a. FU	LL NAME OF 'f not in hosp	ital or institution, gi		Connecticu	at ()	06		
	PITAL OR ITUTION		location	C. CITT OR TOWN	If outside corporate limits,	write RURAL and give		
39.	Maryland Ge	eneral Hospi		Willimant				
B		2	Yees Mees	o. STREET ADDRESS (272 Summit				
5. SE	ngth of stay in Baltimore X 6. COLOR OR RACE	E 7. SINGLE, MAR	Days	8. DATE OF BIRTH		nder i Year If Under 24 Hours		
ma]	Le white	WIDOWED, D	IVORODD (Specify		last birthday) Mon	ths Days Hours Min.		
10A. U	USUAL OCCUPATION (Give kind of free free free free free free free f	of 10B. KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY		
13. F	ATHER'S NAME		0	14. MOTHER'S MAIDEN	NAME	7 0 7		
15 11	nortes /	agnali	-	Pragel	yours			
Yes, no	AS DECEASED EVER IN U. S. ARM or unknown) (If yes, give war or da	teads service)	SOCIAL SECURITY NO.	17. INFORMAT	Ross Will	Pin antie		
	-			Killowrey	pros	com.		
18	3. 3.2.0		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION LEADING TO DE		101 -20	Part of the same of				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) OUE TO							
ANTECEDENT CAUSES								
Z	DISEASES OR CONDITIONS,		(B)					
2	UNDERLYING CONDITION	A) STATING THE (LAST.	OUE TO					
5			(C)			••••		
E C	OTHER SIGNIFICANT CON	DITIONS CON.						
2	TRIBUTING TO THE GEATH, BUT	T NOT RELATED	Scars in	right temporal 1	lobe of brain			
U 19	A. DATE OF OPERATION	198. MAJOR FIND	INGS OF OPE	RATION		20. AUTOPSY?		
	W.					YES NO		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
<u>Z</u> 21	IO. TIME (Month) (Day) (Year		NJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?			
OF INJURY OF INJURY DI. WORK INSTRUMENT NOT WHILE AT WORK AT WORK								
22	2. I certify that I took che			above, held an aut	opsy	thereon and from		
22. I certify that I took charge of the remains described above, held an autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the da and death in my opinion resulted from: natural causes A, accident A, suicide A, homicide A, undet								
	and death in my opinion	n resulted from:						
23	and death in my opinion BA. SIGNATURE	A Presulted from:	0	238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23c.	DATE SIGNED		
24A.	BA. SIGNATURE Thomas 248. DATE	Dunes	elee	238. CHIEF MEDICAL ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGA	EXAMINER 23c.	il 9, 1952		
24A.	BA. SIGNATURE	Dunes	elee	238. CHIEF MEDICAL ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGA	EXAMINER 23c.	il 9, 1952		
24A. TION. F DATE	EAR. SPONATURE LURIAL. CREMA- RELOVAL (Specify) 4/12	Dunes	elee	238. CHIEF MEDICAL ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGA	EXAMINER. 23C. EXAMINER. April Apri	DATE SIGNED 11 9, 1952 r county) (State)		



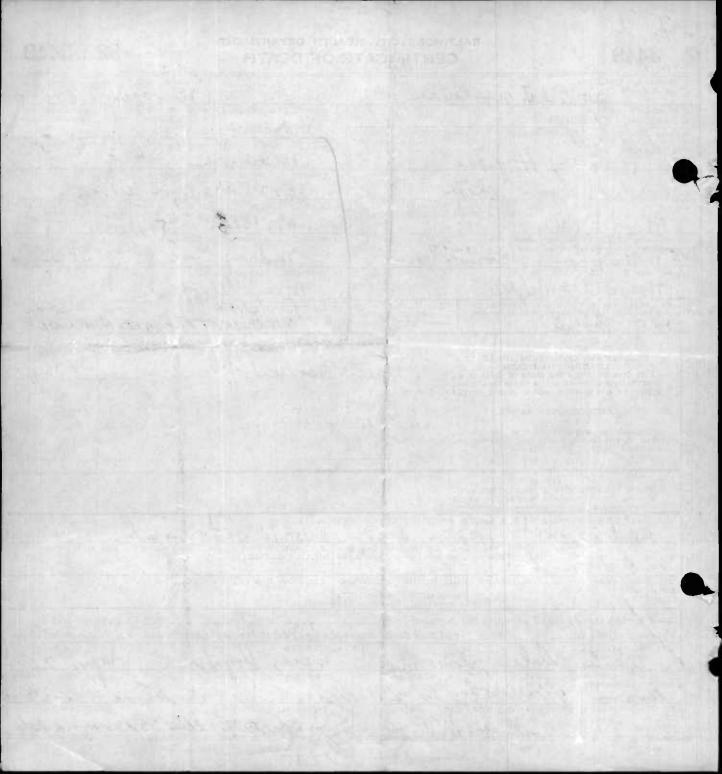
correct as is especially important. Physicians: please write the causes of death clearly and Erply.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3449

DIRTH NO.				
1. NAME OF DECEASED (Type or Print) Dai U.J. Mc Bride	2. DATE OF OF 1 1982			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or	ma			
HOSPITAL OR INSTITUTION Joeation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Muy Hospitan	Pultimore			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	30/7 2h June Drive 18. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours			
WIDOWED, DIVORCED (Specify)	9. AGE (In years I Under I Year I Under I Nor I House Min.			
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF			
work done during most of working life, even if retired) RA. TA.C. TV INDUSTRY	WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Thomas ME Bride	14. MOTHER'S MAIDEN NAME			
	may a. fra			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or woknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT/W/FE VI ADDRESS SAME			
YES W.WI	MARGARET M. FARRELMEN BRIDE			
~ 40.0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	- Proceed to			
heart failure, asthenia, etc. It means the disease,	L VOLCOURN TO T			
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES	for ulan 5			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	nc we w			
(c)				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MANOR FINDINGS OF OPER				
21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g., in	u or 21c. WHERE DID (If in Baltimore City, give exact location)			
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e				
21o. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the			
	red atlo:344m., from the causes and on the date stated above.			
	3B, ADDRESS 23c. DATE SIGNED			
Testa Wall Simmy 10.	Their fortal april 7 1952			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR GREMATORY 246. LOCATION (City, town, or ounty) (State)			
BURIAL 4/10/1457 BALTO, NAT				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. PUNERAL DIRECTOR ADDRESS			
1000 0 = 1052 H + + + W/1/2 100 14+	- In the ten Coulden 2343 Harford all			



exhalles, his

clearly death Jo causes the write please Physicians: important. DATE RECEIVED BY LOCAL REGISTRAR Hurlington

52 3450 Registered No OF 3-28-52 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside corporate limits, write RURAL and give township) If Under 24 Hours last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? Records Dal+imore City Hospitalss INTERVAL BETWEEN DNSET AND DEATH l week yrs.

5 yrs.

20. AUTOPSY

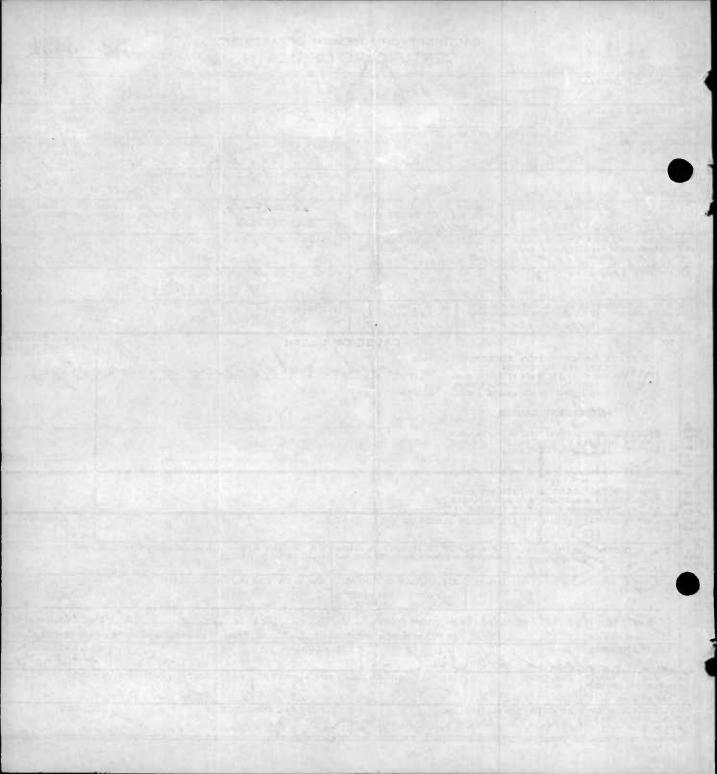
23c. DATE SIGNED 4-9-52

YES X

beyber - Men ma or more through ALLAS PROPERTY AND ADDRESS AND ADDRESS 4.2. Markett ve Barnetale Lemant Augustus agranos Street and the part of the street of the str

h		324		
V	52	CERTIFICAT	E OF DEATH Registered	3451
3	1.	NAME OF DECEASED proper or Print)	oll 2. DATE OF OF OFFICER	819-2
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION JOHNS HOPKINS HOSPITAL		www. HUKAL and give township)
RICER		Yrs. 12 VRS Mos.		the
N A IR		Length of stay in Baltimore SEX 6. COLOR/OR RACE 7. SINCLE. MARRIED. WIDOWED, DIVORCED (Specification of the color		Under I Year If Under 24 Hours nths Days Hours Min.
CHILLY	10 work	A. USUAL OCCUPATION (Give kind of Obs. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
arm c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	9. 3. 77.
OIL UK	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AL	DDRESS
CHAISE	1	18. 581.0 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND OBATH
e the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. (A)	hois & neusis of live	c 5 gra.
WEIL		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES		
please	HON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
ans:	TIFICA	UNDERLYING CONDITION LAST. (C)		
nysic	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
III.	_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
porta	EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or 21c. WHERE DID (If in Baltimore City, g INJURY OCCUR?	ive exact location)
ny m		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
especia		22. I hereby certify that I attended the deceased from 4 deceased alive on +/8, 1952, and that death occur	12 ,1952, to 4/8 ,195	2that I last saw the
15 6		23A. SIGNATORE Livil W. Deil M. O.	23B. ADDRESS	23c, DATE SIGNED 4-8-52
cr as	715	A. BURÍAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town,	11
correct	LC	THE RECEIVED BY REGISTRAR'S SIGNATURE THE PROPERTY OF THE PROP	25 FUNERAL DIRECTOR	ADDRESS denick HJE
	===	VS 150 564 2	4	

correct a

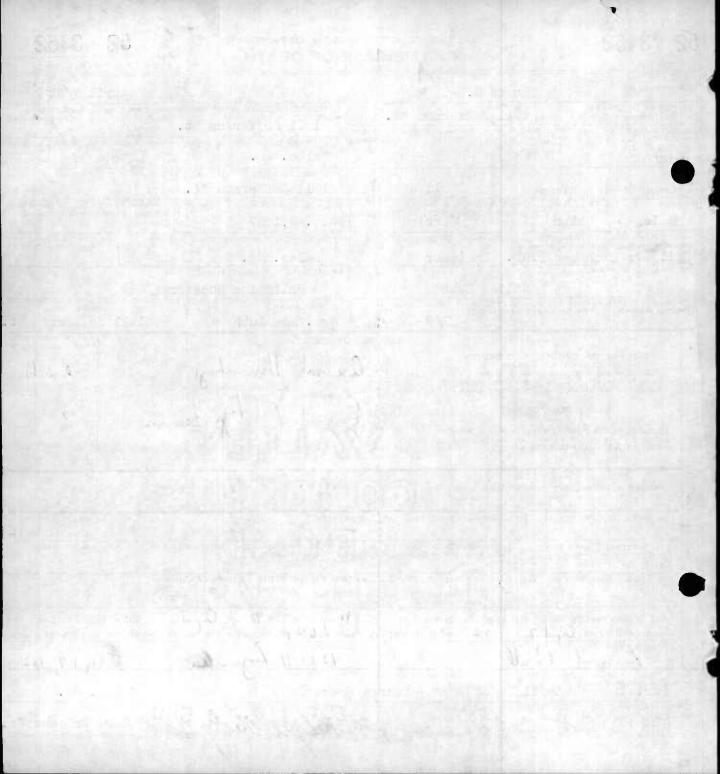


correct a is expecially important. Physicians: please write the causes of death clearly and regibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3452

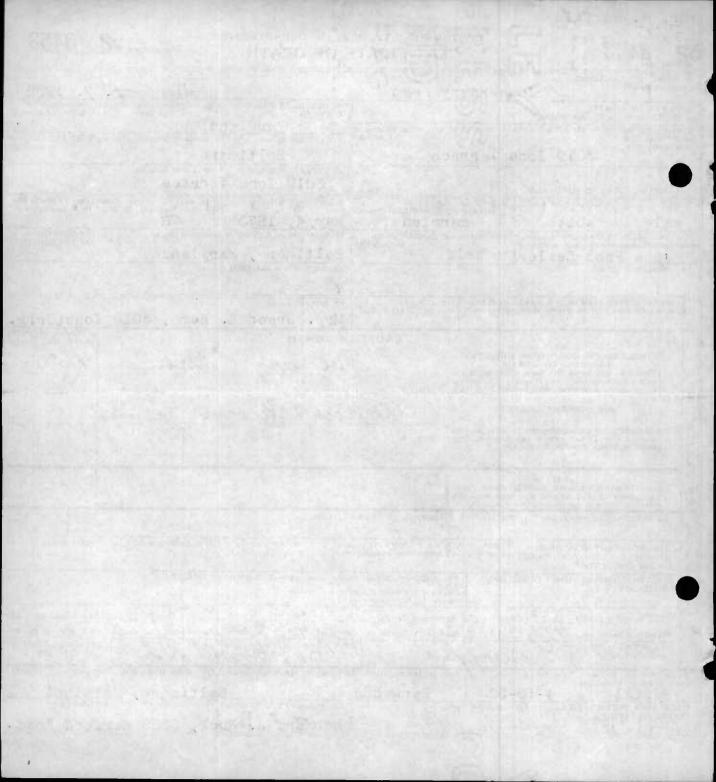
B	RTH NO.						
T)	NAME OF DECEA		mas G.H	ruth		2. DATE OF	April 7/52
B. H	PLACE OF DEATH Baltimore City, FULL NAME OF DESPITAL OR STITUTION	Maryland 19	ll Jeff		A. STATE	son St. COUNTY	d. If institution: residence
C.	Length of stay in	n Baltimore		Yrs. Mos. Days	D. STREET ADDRESS		
	SEX 6.CC	hite	7. SINGLE WIDOW	E. MARRIED. /ED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4,1867	9. AGE (in year last birthday)	Months Days Hours Min.
P	A. USUAL OCCUPA doceduring most of working silders Exch FATHER'S NAME	og life, even if retired)		O OF BUSINESS OR INDUSTRY Neer	Balto Md .		12. CITIZEN OF WHAT COUNTRY?
15	. WAS DECEASED EVE	R IN U. S. ARMEI	lian Hu	16. SOCIAL	Philomina 17. INFORMANT	Hoester	ADDRESS
(Ye	, no or unkoown) (If	yes, give war or date	s of service)	217-14-1283	Mrs.Anna Huth	19	911 Jefferson St
SERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				rebal Hemm	tpertensin	ONSET AND DEATH
AL C	19A. DATE OF OP			FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	21A. ACCIDENT V LYING OR CON CAUSE OF DEAT	ITRIBUTING -	2 IB. PLA about home, f	ACE OF INJURY (e. g., ic farm, factory, street, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
	21D. TIME (Month OF INJURY	(Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?	
TIC	22. I hereby cer deceased alive or 23A. SIGNATURE 23A. SIGNATURE AN. REMOVAL (Specify Burial ATE RECEIVED BY APROVAL RECISTRAN	n agil 7 d Bul	10/52	and that death occur M. D. 24c. NAME OF CEMETE Sacred	38. ADDRESS 1221 11. Luze	m the causes and o	952, that I last saw them the date stated above. 23C. DATE SIGNED 1452 own, or county) / (State) Balto. Md. ADDRESS 2024 Orleans St
	VS 150		0			1/	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 52 3453

1. NAME OF DECEASED (Type or Print) John Henry Kemp 2. DATE OF DEATH Apr. 7. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution:	
John Henry Kemp DEATH Apr. 7.	
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution:	1952
	residence e admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	- 15
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate tiplits, write RU)	
3019 Iona Terrace Baltimore	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Mos. Days 3019 Iona Terrace	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years Mundel Year last birthday) Months! Days	Hours: Min.
male white married May 4, 1873 78	
10A. USUAL OCCUPATION (Givekind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT	N OF
Sea Food Dealer self Baltimore, Maryland	COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
9	
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL (Yes, no or unknown) (If yes, give war or detee of service) SECURITY NO.	
(Yes, no or unknown) (If yes, give war or detee of service) SECURITY NO. Mrs. Grace E. Kemp, 3019 Iona	Town
Linveny	AL BETWEEN
ONSET,	AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	clow
(This does not mean the mode of dying, e.g.,	//3
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	~
ANTECEDENT CAUSES Orferio Schrosio General	~
Crycus acuroseo /Villenas	~
Crycus acuroseo /Villenas	_
Crycus acuroseo /Villenas	
Crycus acuroseo /Villens	
Crycus acuroseo /Villens	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. A YES 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, ferm, fectory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 17 19	NO Cocation)
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, form, forctory, etreet, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that attended the deceased from 10 Mille NORK 10 MILLE	no cation) ast saw the ated above
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, feetbery, etreet, office bidg., ste.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, feetbery, etreet, office bidg., ste.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, feetbery, etreet, office bidg., ste.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, feetbery, etreet, office bidg., ste.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, ferm, feetbery, etreet, office bidg., ste.) 21A. ACCIDENT WAS UNDER. LYING OR COURT OR THE LYING OR COURT OF INJURY OCCUR? 21A. ACCIDENT WAS UNDER. LYING OR COURT OR THE LYING OF INJURY OCCUR? 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, ferm, feetber, etreet, office bidg., ste.) 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22I. Hereby certify that/I attended the deceased from Address of the causes and on the date ste. 23A. STENTURE LYING OR CONTRIBUTING ADDRESS A	no cation) ast saw th ated above (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LINDING OR CONTRIBUTING about home, form, fectory, street, office bldg, stc.) LINDING OR CONTRIBUTING about home, form, fectory, street, office bldg, stc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22I. Hereby certify that attended the deceased from Montwille AT WORK AT WOR	no cation) ast saw the ated above (State)



Artigiani
52942 F5 Fayette
BIRTH NO.

L NAME OF DECEASED

correct . Is especially important. Physicians: please write the causes of death clearly and regibly.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3454

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	04	- 0-3-		2. DATE OF	2050
3. PLACE OF DEATH: A. Baltimore City, Maryland	Giovann	a Cala	4. USUAL RESIDENCE (V	Where deceased lived.	
B. FULL NAME OF (If not in hospital or institution, give street address or			Maryla	nd B. COUNTY	before admission)
HOSPITAL OR location			C. CITY OR TOWN (If	outside corporate life	nit, write to hal and give
3105 W	listeria	Avenue	Baltimo	ore L	/ township)
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimor	e	Mos. Days	3105 Wister	ia Avenue	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
female white		arried	Nov. 28,1879	72	2000
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if reti		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY!
at home	1160/	INDUSTRY	Italy		WHAT COUNTAIT
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Vincent Palmi			Mary Iannello		
15. WAS DECEASED EVER IN U. S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		0200111110	Mr. Joseph Cal	la, Sr, 31	05 Wisteria
L heart failure, asthenia, etc. It injury or complication which was a subject of the state of th	h caused death AUSES S, IF ANY, GIVIN (A) STATING TH	(B) Ceres	nski ti Irsl Hrmork enis . Solerosis	age (multy	Luknown
TRIBUTING TO THE DEATH, B	UT NOT RELATI	ED .	· ···· · · · · · · · · · · · · · · · ·		
19A. DATE OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City	, give exact location)
21D. TIME (Month) (Day) (YOURY		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I deceased alive on April	attended the 2, 1952.	deceased from and that death occur	red at 10 0 m., from t		that I last saw the
Chililert 6	G-	an M.D.	38. ADDRESS Σ. La	yette 4.	4/9/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4-10		Holy Rede		ocation (City, toward altimore,	
DATE RECEIVED BY REGISTRA APR 0 1952	AR'S SIGNAT	Villams, N. J.	25. FUNERAL DIRECTOR		ADDRESS

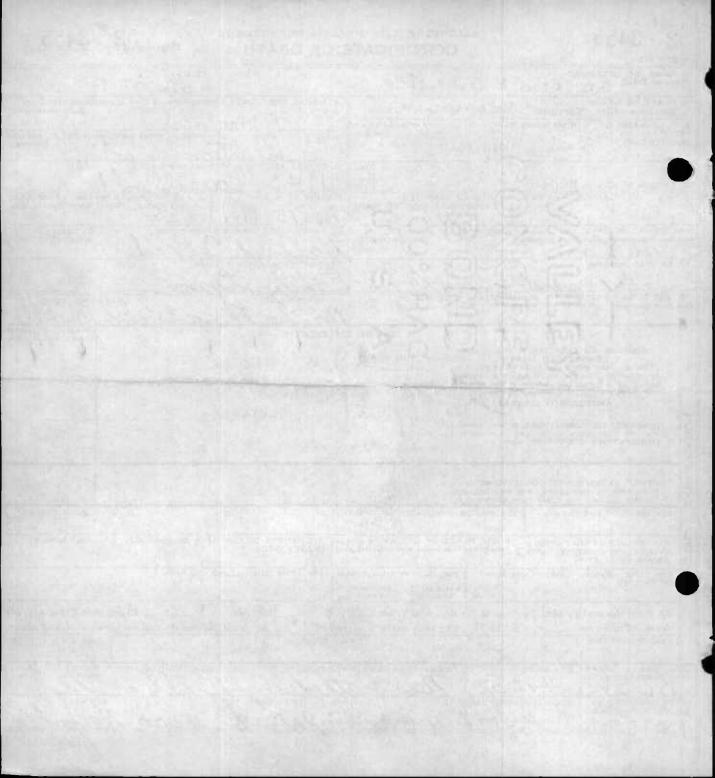
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BALTIMORE CITY HEALTH DEPARTMENT

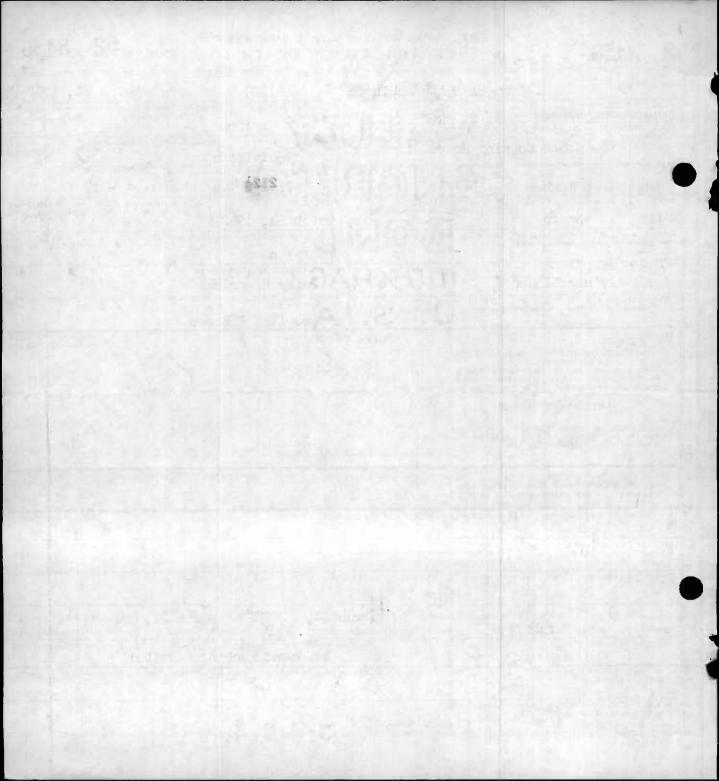
Registered No. 3455

В	RTH NO.		CER	CHEICAL	E OF DEATH	registe	reu mo
1.	NAME OF D'ype or Print)	Mrs. Ethel	E Schri	efer		2. DATE OF DEATH	4. 9. 52.
3. A.	PLACE OF D Baltimore (EATH: City, Maryland	Baltimore	Md.	4. USUAL RESIDENCE	(Where deceased liv	red. If institution : residence TY before admission
B.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Sinai H	al or institution, give	e street address or location)	c. CITY OR TOWN	eland	limits, write RURAL and giv
	12	Jenae (cos pri tac	Yrs.	D. STREET ADDRESS	Imorl If rural, give location	4
		tay in Baltimore		Mos. Days	1143 C	arroll	St.
5	SEX	6.COLOR OR RACE	7. SINGLE, MAR WIDOWED, DI	RIED, VORCED (Specify)	Man. 13 - 1901	9. AGE (In year last birthday	rs Huder 1 Year Huder 24 Hours y) Months Days Houra Min.
WOT	A. USUAL OC	CUPATION (Give kind of of perking life, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S		Diina		14. MOTHER'S MAIDEN	NAME	
15 (Ye	. WAS DECEASE a, no or unknown)	ED EVER IN U. S. ARMEI (If yea, give war or date		OCIAL ECURITY NO.	17. INFORMALT	Jah.	ADDRESS 2514
-	18. 44	3 X	I I	CAUSE	OF DEATH	Schrie	INTERVAL BETWEEN
	/ / <	SE OR CONDITION LEADING TO DEA				- 0	ONSET AND DEATH
	heart failu	not mean the mode of re, asthenia, etc. It mea complication which of	of dying, e. g., ans the disease,	(A)	V. M. acut	Δ	
	PANILL I	ANTECEDENT CAUS	SES	mal'	1. 11		
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (B) Malion. Hypertension (B) Malion. Hypertension						
ICATI		ING CONDITION LA		(C) R. 5	.c.v.o.		
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
L	19A. DATE O	F OPERATION 1	9B. MAJOR FIND	INGS OF OPER	ATION		20. AUTOPSY?
NO.	21A ACCID	ENT WAS UNDER-	218. PLACE OF	INJURY (e. g., I	n or 21c. WHERE DID	(If in Baltimore (Oity, give exact location)
ED		R CONTRIBUTING	about home, farm, facto				
ĝ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. IN WHILE AT WORK	NOT WHILE		RY OCCUR?	
	22. I hereb	y certify that I att		1.	. 9. 1952 to	4. 9.	19 52, that I last saw th
	deceased al	live on 4. 9.		at death occur	rred at 1 45 P. m., from	the causes and	on the date stated above
	23A. SIGNAT	Morris	Goldberg	, M. D.	Shai	Hospital	ZSC. DATE SIGNED
TI	D WILLA	pacify) 4-12	-52 70	LW C	thedral X	Sala City.	town, or county) (State)
	ATE RECEIVED		s SIGNATURE	ues 1500	25. FUNERAL DIRECTOR	5305	- Hay ford &
=	VS 150	10/2			9		1



death

Jo



52 3457 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Halferd, Baby Bey- Wileva OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimers City Hespital clossion) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate light, write RUKAL and give INSTITUTION 4940 Bastern Ave. Bal+imere Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life 513 W. Biddle St. -1 c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months! Days Hours Min. WIDOWED DIVORCED (Specify) Male Negro April 3, 1952 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mdo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wileva White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Prematurity 7 hrs. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 4 (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from April 3 , 152, to April 4 , 1952, that I last saw the deceased alive on April 4 , 19 52 and that death occurred at 6.554Mn., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 4940 Bastern Are. 24A. BURIAL, CREMA-TION, REMOVAL (Specify). 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE 405m52 @9am B. C. E. Crematery 4940 Eastern Ave. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE ! ! . 1 untinglow 1 willacus. VS 150

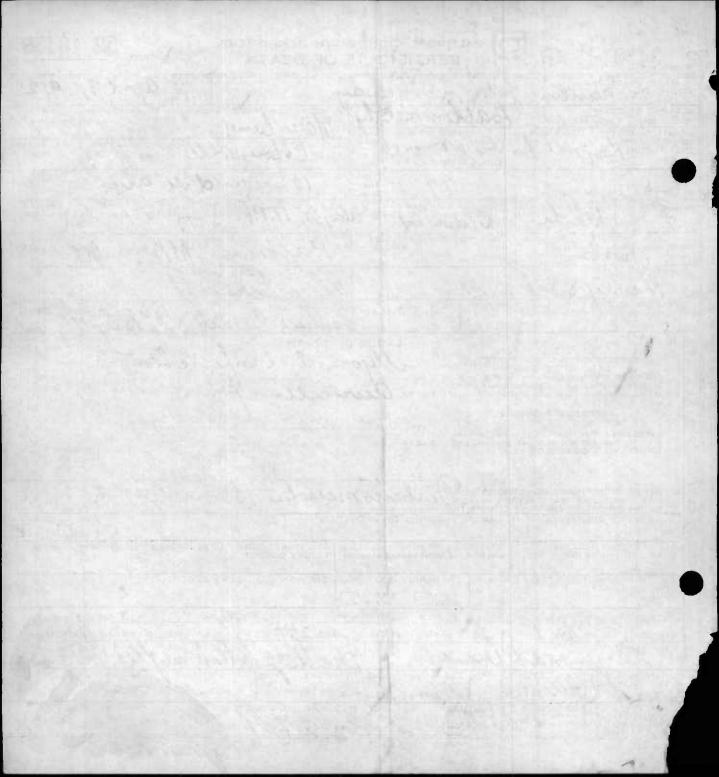
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Koldewey BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3458

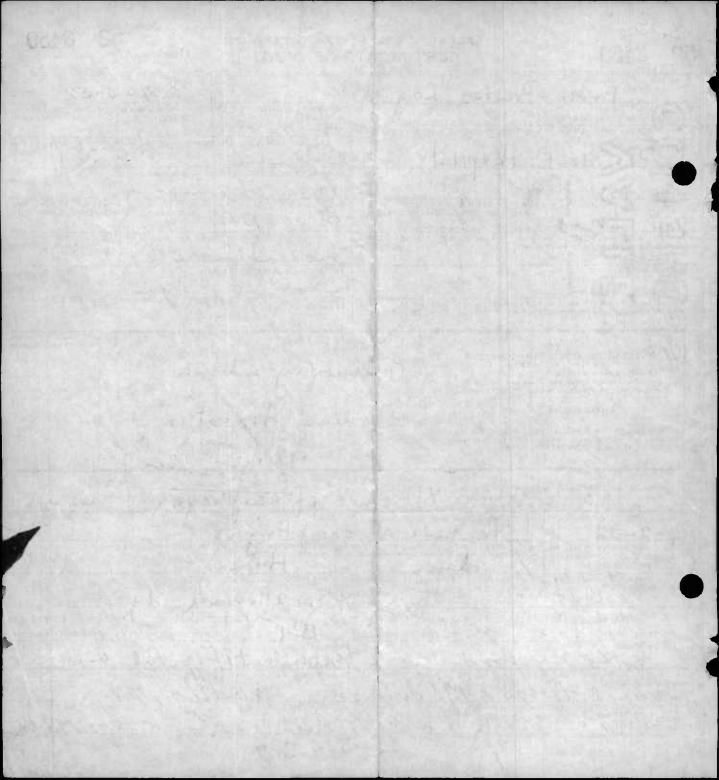
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Panline Julia Kololewa	I DEATH
S. PLACE OF DEATH: A. Baltimore City, Maryland Ballma Cry	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL for the Women of ation) INSTITUTION HOSPITAL for the Women of	
Manyland,	D. STREET ADDRESS (If rura), give location)
c. Length of stay in Baltimore 5. SEP 6. GOLOR OF RACE 7. SINGLE, MARRIED.	
+ White Widowed (Specify)	8. DATE OF BIRTH 9. AGE (In years In Under I Year In Under 124 Hours Min. 1 AGE (In years Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of ork done during poort of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WART COUNTRY?
Heury Schwidt	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or Duknown) (If yes, give war or dates of service) SECURITY NO.	Paulice Cusack Catousville md.
18. 420.1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eardial inharchion
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	ricultar followith the
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,	
(C)	
OTHER SIGNIFICANT CONDITIONS CON	nelloten. Severe Wrenig
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	neurus. Julie a coming.
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR) OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE M. AT WORK	
22. I hereby certify that I attended the deceased from Ip.	4, 1937 to apr. 9, 193 4that I last saw the
deceased alive on 4.9, 19 32, and that death occur	
	he His late Many / 1 33. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, occumby) (State)
yrial 1/12/52 Wordlaw	
TE RECEIVED BY REGISTRAR SCHOOL RELIEF AL REGISTRAR untington blustust his	25. FUNERAL DIRECTOR ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3459
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Ervin Preston Logan	2. DATE OF DEATH 4-3-52
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION	
Yvovident tospital	D. STREET ADDRESS Alf rural, give location)
c. Length of stay in Baltimore	100 10 14
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (in years Number 24 Hours Minder 24 H
m Con Single	5-30-1942 9
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
Errin heal	Isobelle Togan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. F 883.0 . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND BEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	monary edema
ANTECEDENT CAUSES	
l-I	diae Hrrest
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
(c)	Africa
OTHER SIGNIFICANT CONDITIONS CON-	M.D
TO THE DISEASE OF CONDITION CAUSING IT.	YE OF ENSONPHRAND ON SAMINER 6/2 MYS
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home farm, factory, street, office bldg	Hone
OF INJURY OCCURION (Year) (Hour) 21E, INJURY OCCURION NOT WHILE	
m. WORK AT WORK	DASOLATIONED THE
deceased alive on 1952, and that death occur	1951, to 4 - 3, 1954 that I last saw the erred at 1951, from the causes and on the date stated above.
23A. SIGNATURE	236 ADDRESS 23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify) 4/10/5 M+ A.	Balta M.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 101952 Huntington Williams, his	Charles K. Law 803 Mad Ay
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N 964.0	



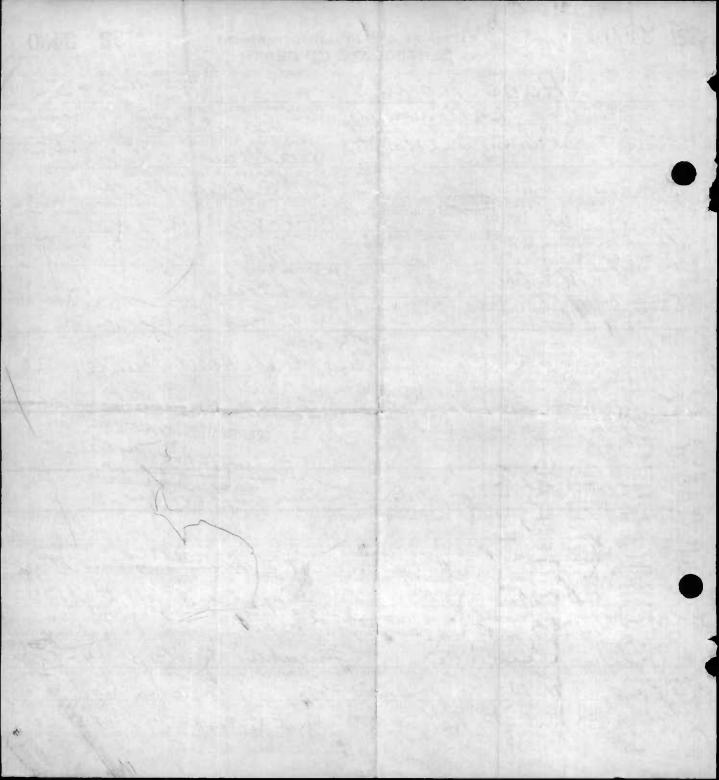
correct at is especially important. Physicians: please write the causes of death clearly and legibly.

N-870.0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3460 gistered No. 3460

	BIRTH NO. CERTIFICA	TE OF DEATH Registered No.					
	1. NAME OF DECEASED Haas Marie	2. DATE OF 4-7-52					
	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, M.	4. USUAL RESIDENCE (Where deceased lived, It institution; residence A. STATE B. COUNTY before admission					
	HOSPITAL OR Frankly Square Hospital	da)					
	c. Length of stay in Baltimore						
	5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE IID YOURS If linder I Year If Sinder 24 House					
	10A. USUAL OCCUPATION (Givekind of work doaeduring most of worklog life, even if retired) Howsewak						
	13. FATHER'S NAME Martin	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO	D. 17. INFORMANT ADDRESS MR. JAN HAAS 7E. HSURIETTA ST.					
1	18. //2000 and and and a	F OF DEATH INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	(This does not mean the mode of dying, e.g., heort failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Teriosclerolic Heart Disease					
		· arteriorlessis					
	DISEASES OR CONDITIONS, IF ANY, GIVING						
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	(St. Marlocker					
	<u> </u>	Marley (1) Muse					
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED INTERTOOLS TO THE DISEASE OR CONDITION CAUSING IT.	. Fracture of left to must					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY? YES NO					
	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e. about home, farm, factory, street, office blue cause of DEATH	g., io or 21c. WHERE DID (If in Baltimore City, give exact location) dg., etc.) INJURY OCCUR? (Length Language) Line Francisco (Line Francisco)					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY						
	3/24/52 9:00a m. WHILE AT NOT WHILE X Slipped and fell to floor						
	22. I hereby certify that I attended the deceased from 3-28, 193, to 4-7, 193 that I last saw the deceased alive on 3-7-, 1953 and that death occurred at 85 Pm., from the causes and on the date stated above.						
		238. ADDRESS 236. DATE SIGNED					
	24A.XBURIAL, CREMA-1 24B. DATE/ 124C. NAME OF CEME	trankly of Hosp. 4-8-52					
	BURIAL \$/11/52 LOUDON	2					
	APR 101952 Tuntington Williams Apr	25. FUNERAL DIRECTOR ADDRESS 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS					
	VS 150						

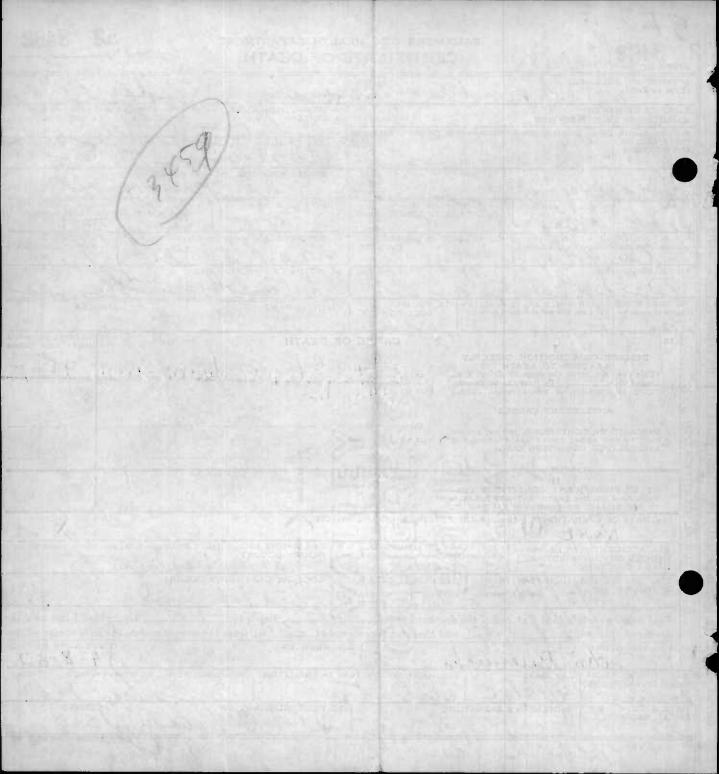


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED icknoon (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased live If institution; residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurai, give location) YIS. Mose c. Length of stay in Baltimore Days 9. AGE (In years | If Under | I Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF 18 58 MA narried 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) REENSBORD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. NONE HOSDITATI NTERVAL BETWEEN 18. 6/0X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF 20. AUTOPSY 19A, DATE OF OPERATION 4 21c. WHERE DID (If in Baitimore City, give exact location) 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK 19 57 to . 195 that I last saw the 4-) 22. I hereby certify that I attended the deceased from_ 1952, and that death occurred at 10.45 km., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE JOHNS HOPKINS HOSPITA 24A. BURNAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE ORFENSBORO -EMEREN MARYLAND 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Juntinglan With

MARYLAND

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-		59 2400
5	2	346249-11206 BALTIMORE CITY HEALTH DEPARTMENT 52 3462 CERTIFICATE OF DEATH Registered No
	1.	NAME OF DECEASED A DAY AR 2 DATE OF DECEASED OF DECEASED
		PLACE OF DEATH: Baltimore City, Maryland A. STATE B. COUNTY B.
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION C. CITY OF TOWN (If outside corporate in its, write to take and give street address or location)
y.		DALLING HOPPINS HOSPITAT Yrs. D. TREET ADDRESS (If July, give location)
126	-	Length of stay in Baltimore Mos. Days 0 28 hanky XT-
y an	6	male (stale) WIDOWED, DIVORCED (Specify) 5-21-49 last birthday) Months: Days Hours: Min.
clear	vori	DA. USUAL OCCUPATION (Give kind of k done during most of working life, from if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY?
dearn	13	Day Starter's NAME 14. MOTHER'S MAIDEN NAME
10	(Yes	S. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
auses		18. E917.01 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
cue c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
vrite		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
se	z	ANTECEDENT CAUSES (B)
bies	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
Sicians	RTIFIC	(C)
nysic	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
nt.	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
portant.	EDIC	21A. ACCIDENT WAS LINDER LYINGIN OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., In or LYINGIN OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., In or about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?
IV III		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 3 / 3 / 52. WHILE AT NOT WHILE TO COME AND ADDRESS OF THE PARTY
recia		22. I hereby certify that I attended the deceased from 3/3/192, to 4/8, 1952, that I last saw the
Ω (deceased alive on 4/8, 1952, and that death occurred at 8 2 An., from the causes and on the date stated above. 23A. SIGNATURED 23C. DATE SIGNED
200	24	4-8-52 4A. BURIAY CREMA- 24B. DATE V 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
correct	1	ound 4/12/52 alunes alunes mo
COL	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR APR 1992 Huntuital 1992 April 1992
		N 947. Med & Case 1 10 beapprosed



Registered No. 3483 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH April 7, 1952 WILLIAM DAVIS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR (If outside corpo ate limits, write RERAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 608 Collett Street Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 3/28/1860 Male Colored 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY clearl Va. WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. 608 Collett St. Gertrude Davis none causes 18. 4 . . . 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA COL Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Avrhrima DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAB

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before admission)

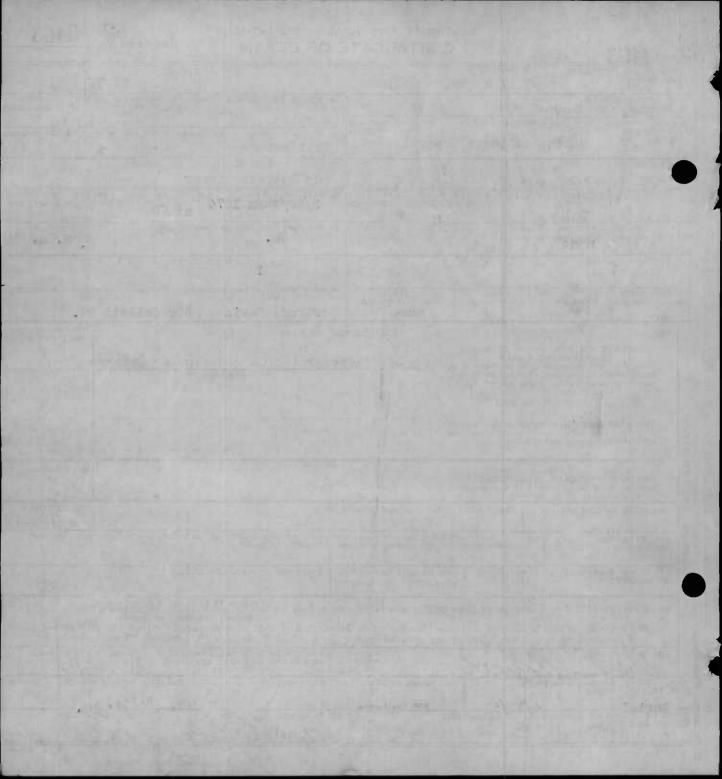
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

NO

YES



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3464

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) THOMAS E. DULAN EY	2. DATE OF APRIL 8th. 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address	MARYLAND					
HOSPITAL OR location	on) C. CITY OR TOWN (If outside corporate limits, write RUR) L and give					
827 N.AUGUSTA AVE.	BALTIMORE CITY					
Yr						
c. Length of stay in Baltimore LIFE Da						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months; Days Hours! Min.					
MALE WHITE SINGLE	NOV:25:1894 57					
10A. USUAL OCCUPATION (Givekind of work dooed durlog most of working life, oveo if retired) INDUST	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF					
work doos during most of working life, even if retired) Mechanic Factory	BALTIMORE MARYLAND WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WITTIAM D DITANEY	ANNA PEASE					
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS					
YES (If yes, give war or dates of service) 212-01-397						
	E OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 2 Jane 2 200					
(This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease,	remarks and					
injury or complication which caused death.) OUE TO						
ANTECEDENT CAUSES	2:					
Marquail Marchery						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.	U					
101						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
, I9A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?					
& Mar 10-1957 Carrieron	in right Jeung YES NO X					
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (c. place) Deput home, farm, factory, street office ble	g., io or 21C WHERE DID (If in Bartimore City, give exact location)					
LYING OR CONTRIBUTING about home, farm, factory, street, office bld	ag., atc.) IN DORY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUI	RRED 21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHI	ILE T					
m. WORK L. AT WOR						
22. I hereby certify that I attended the deceased from	193, to you of 192, that I last saw the					
deceased alive on 1932 and that depth oc	curred at 3:154., from the causes and on the date stated above.					
1 108 les 001 Veracour	238. ADDRESS PROPERTY AND 235 ONTE SIGNED					
M. B.	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
HON, REMOVAL (Specify)						
	PARK CEMETERY WOODLAWN MARYLAND 125 EUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS					
ADD 101052 Turkington Volistus A	Miller & Hepert & Dione					
Ar Vs 150 Dr. Traband	F.B. WIPPERT & SON 1300 EUTAW PL.17					
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		Series State
		YEAR BUILDING
made well	and Licenset - John - Louise	
SOLINBAR FOR TOO		No. Test
TI.li estus soti dos		Deurse 2 cm

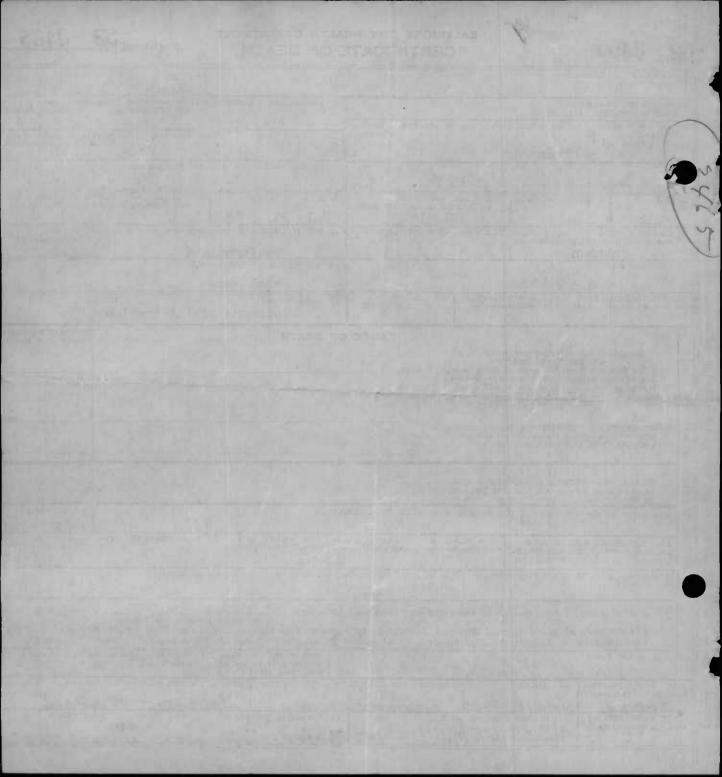
clearly

death

Jo

causes

151



correct age is especially important. Physicians: please write the causes of death clearly and legibly

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 3466

BIRTH	NO.			OLIVIII TOTAL	- 01 - 01 111			
1. NAME OF DECEASED (Type or Print) WILIAM CROSIAND THOM				CROSLAND THOM	IAS	2. DATE OF DEATH	19150	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
One dap. Vie			D. STREET ADDRE	ESS (If rural, give location)				
c. Length of stay in Baltimore 62 Mos. Days			2907	St. Laux	OSL.			
5. SEX	1 6	COLOR OR RACE	WIDOW	ARRIED (Specify)	8. DATE OF BIRTH	last birthday)	If Under 1 Year If Under 24 Rours Win.	
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR				State or foreign country)	1 12. CITIZEN OF			
work done during most of working life, even if retired)		INDUSTRY			WHAT COUNTRY?			
13. FA	THER'S NA	ME.	au	101	14. MOTHER'S MA	IDEN NAME	1010	
	(1)1	el.	, 7	(4.7	m.	P - 1 -		
15. WA	S DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Contract of	ADDRESS	
(1 es, no c	or unknown)	(If yes, give war or date	a of service)	SECURITY NO.	10-	and to		
18.	162×				OF DEATH	The state of the s	INTERVAL BETWEEN	
	1000	OR CONDITION	DIRECTLY				ONSET AND DEATH	
	L	EADING TO DEAT	ГН	O P	- B	maken in .		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTEGEDENT CAUSES							
NO.	Z (B)							
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
OA								
E		11						
		NIFICANT CONDI			MAN AND AND AND AND AND AND AND AND AND A			
		ASE OR CONDITION						
	A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	-		20. AUTOPSY?	
<u>V</u>	A ACCUDIO	T WAS UNDER-	1 218. PLA	CE OF INJURY (8. i.		OID (If in Baltimore City	YES NO YES NO YES	
D LY		CONTRIBUTING	about home,	farm, factory, street, office bldg.,	to.) INJURY OCCU		, give exact location,	
	INJURY	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY OCCUR?		
			m.	WORK L AT WORK	h / 2 h	(1/5 / 55		
22. I hereby certify that I attended the deceased from 4 /2 /2 19_, to 4/2/2, 19_, that I last saw								
deceased alive on 4/9, 1900, and that death occurred at 2/2 m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE								
25	A. CIGITATO	2	1	N	long.	6/1.	19/109	
M. D.								
24a. Burial. CREMA- TION. REMOVAL (Specify) Burial 24b. Date 24c. NAME of CEMETERY or CREMATORY Burial 24c. NAME of CEMETERY or CREMATORY Bullocation (City, town, or object) Bullo., Md.								
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS								
ADD 101957 Huntington Wallaus 197 2/2m. J. Jakner of Sars								
VS 150								
49065								

correct ag. is especially important. Physicians: please write the causes of death clearly and ligibly.

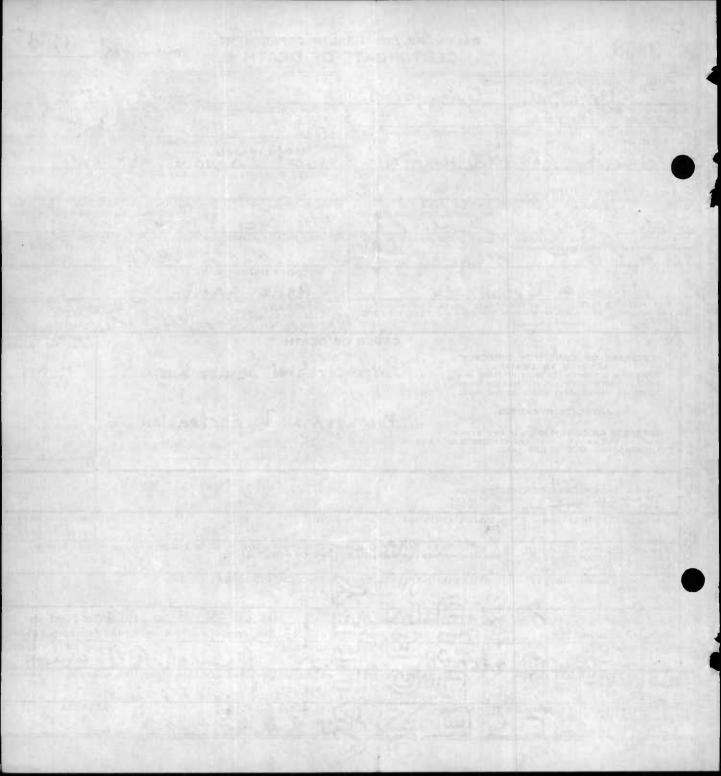
BALTIMORE CITY HEALTH DEPARTMENT

50 O ADM

100	CERTIFICATE OF DEATH Registered No. 3407									
BIRTH NO.										
(7	NAME OF DECEASED Type or Print) WILLIAM G	OODRICH		2. DATE OF DEATH April 8	3, 1952					
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		tution: residence before admission)					
B. H	FULL NAME OF (If not in hospital or insti	tution, give street address or location)	C. CITY OR TOWN (If	outside corporate jimits w	to KURAL and					
	ISTITUTION Maryland General H			outside corporate santes w	township)					
		Yrs.	Baltimore o. street Address (If:	rural, give location)						
C.	Length of stay in Baltimore	Mos. Days	4120 Elderon Av							
	SEX 6.COLOR OR RACE 7. SINC	GLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Under) Year I Under 24 Hours							
	male white ma	rried	July 25, 1897	54	Days Hours Min.					
with	OA, USUAL OCCUPATION (Give kind of 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY?					
As	s't. Wine Steward Count	ry Club	Maryland		WIII GOOTHILL					
1	3. FATHER'S NAME	THE RESERVE	14. MOTHER'S MAIDEN NA	AME	STATE OF STREET					
	illiam Goodrich		Martha Clem							
(10	5. WAS DECEASED EVER IN U. S. ARMED FORCES s. no or unknown) (If yes, give war or dates of service)	212-26-6705	17. INFORMANT	ADDR						
no			Mrs. William Goo							
	18. 420.1		OF DEATH		ONSET AND OEATH					
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y P	26.1		-0 1-+					
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e. g., (A)	nary ormanic	mis.	mmediale					
	injury or complication which caused de	ath.) DUE TO								
	ANTECEDENT CAUSES	- 6	15.0	1 210	0. 1					
Z	DISEASES OR CONDITIONS, IF ANY, GI	(B)	many vascul	in ourience	· oys					
ATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO L	of Vanzina O.	ectoria.						
U		(C)								
RTIFI	H Samuel				7-2-7					
田田	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OEATH, BUT NOT REL.	ATED								
U	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?					
AL	TOR. DATE OF OPERATION OF THE	on Phomos of Oren	ATTOR		YES NO P					
EDICAL		LACE OF INJURY (e. g., in	or 21C. WHERE DID (I	If in Baltimore City, give						
E	CAUSE OF DEATH	ne, farm, factory, street, office bidg., c	to.) INJURY OCCUR?							
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?						
	m.	WHILE AT NOT WHILE			PART NEWS					
	22. I hereby certify that I attended to	he deceased from	e 21 , 1944 to Cy	~ 8 , 1952 th	at I last saw the					
	deceased alive on Gn - 8, 1951	red at 12 m., from the	he causes and on the d	ate stated above.						
	23A. SIGNATURE		3B. ADDRESS / + 11	23	SC. DATE SIGNED					
-	2 PUBLIS CREMAN 200 DATE	M. O.	7100 feberly /t	OCATION (City, town, or ed	7 / 7 / 5 2 ounty) (State)					
TI	4A. BURIAL, CREMA- DN, REMOVAL (Specify)	24c. NAME OF CEMETE			ounty) (State)					
-	Burial 4/12/52 ATE RECEIVED BY REGISTRAR'S SIGNA	Woodlawn Cem.	25 FUNERAL DIRECTOR	Voodlawn, Md.	DRESS					
L	OCAL REGISTRAR	1/11:	1/ (man A) Ws 18	ela en HXA	1.1					
=	APR 101952 Tuntington	Vicualus Migh	STAN A JOS PAR	which have	717.1					
	VS 150	764	8M (10allo 17	Vua.					
		/ /	V / /	7						

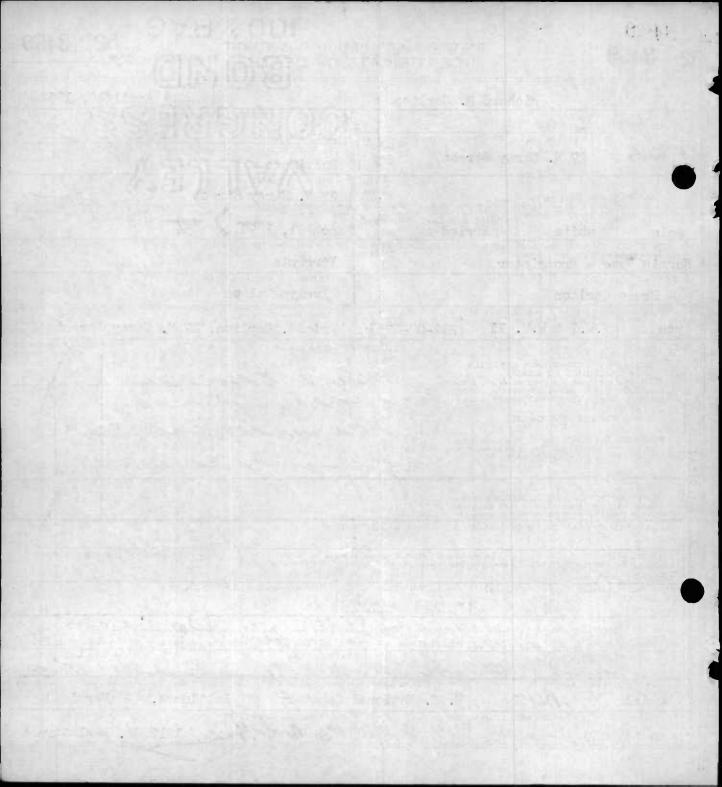
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3	BII	RTH NO.	Los Con horizont till							
4		NAME OF DECEASED ype or Print)	2. DATE OF							
	Drochbeck George H. DEATH 4-4-5-2									
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY Leftore admission)							
		FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location								
4		ISTITUTION .	township)							
gibly		Priversity of Mid. Hospital	D. STREET ADDRESS (If rural, give location)							
og I	~	Mos.								
(F)		Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	1 8. DATE OF BIRTH 19. AGE (In years If linder 1 Year If linder 24 Hours							
an	7	Male Wife Managed (Specify	6/11/1404 last birthday) Months Days Hours Min.							
rly	10.	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF							
clearly	Ork.	B. M. Ohenword We Corwick Co	Balto Md. WHAT COUNTRY?							
	13	S. FATHER'S NAME SPICE JA	14. MOTHER'S MAIDEN NAME							
death		Greorge Broadbock	Anno Lamb							
ofo		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT 30759 W.							
causes	18. 33/4 . CAUSE OF DEATH									
e c		DISEASE OR CONDITION DIRECTLY								
the		(This does not mean the mode of dying, e.g.,	-cerebral hemorrhage 9 hrs.							
write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
	Z Paroxys mal hypertension									
please										
ple	TIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
JS:	FICA	(C)								
Physicians:	H									
ıysi	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
Ph	Ü		RATION 20, AUTOPSY?							
ıt.	CAL	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	YES NO							
important.	DIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g.,	In or 21C. WHERE DID (If in Baltimore City, give exact location)							
por	Щ	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,,etc.) INJURY OCCUR?							
E (21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI	RED 21F. HOW DID INJURY OCCUR?							
lly		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK								
especially		22. I hereby certify that I attended the deceased from 4 -	9 , 1957 to 4-9 , 1957 that I last saw the							
Spe		deceased alive on 4-4, 19 Frand that death occu								
-3		23A. SIGNATURE	238. ADDRESS 23C. DATE SIGNED							
50		40 mm Mercall M.D.	FRY OR CREMATORY 24D, LOCATION (City, town, or county) (State)							
200	24 FH	ON REMOVED (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
correct	1	Juniar 1732 Journal	1 25. FUNERAL DIRECTOR ADDRESS							
cor	L	OCAL REGISTRAR Tuntinglan Houselle March	25. FUNERAL DIRECTOR ADDRESS							
	==	APR 101932	112 0000 JHC, 121 J. Jank 4							
		VS 150	4)							
	1									



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.			CERTIFICAT	E OF DEATH	1 Registered	110
1.	NAME OF D ype or Print)		chard B	. Carlton		2. DATE OF Apr	11 10, 1952
Α.		City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	
H	FULL NAME OSPITAL OR STITUTION	27 N. Ca		tion, give street address or location)		(If outside corporate lin	nith write RURAL and give township
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	27 N. Cares	Street (If rural, give location)	
	sex male	6.COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 54	Months Days Hours Min.
war	done during most o	CUPATION (Give kind of working life, even if retired me - Proprie)	O OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
	Bruce	Carlton			Evelyn Val	Le c a	
15 (Ye	yes	Uf yes, give war or dal	os of service)	16. SOCIAL SECURITY NO. 212-09-0753	17. INFORMANT Marie A. Cat	rlton, 27 N. Car	ey Street
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (B) (C) (C) (C) (C) (DUE TO (DUE TO (DUE TO (C) (DUE TO (DUE TO (C) (DUE TO (D						8.8 m.M.
AL C		PF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			, give exact location)
	210. TIME OF INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
		y certify that I at live on Y/			/ - /	to	that I last saw th
	23A. SIGNA	TURE	7%	M.D.	70/ Che	Le Carelle	23c. DATE SIGNED
2. TI	on REMOVAL (S burial	CREMA- 248. DATE 4/14/5	52	U. S. Nationa.		Baltimore,	Maryland
	ATE RECEIVE		'S SIGNATI	VIII MARINE	25. FUNERAL DIRE	A	ADDRESS L. Paul Street
	VS 150		0	290	85		

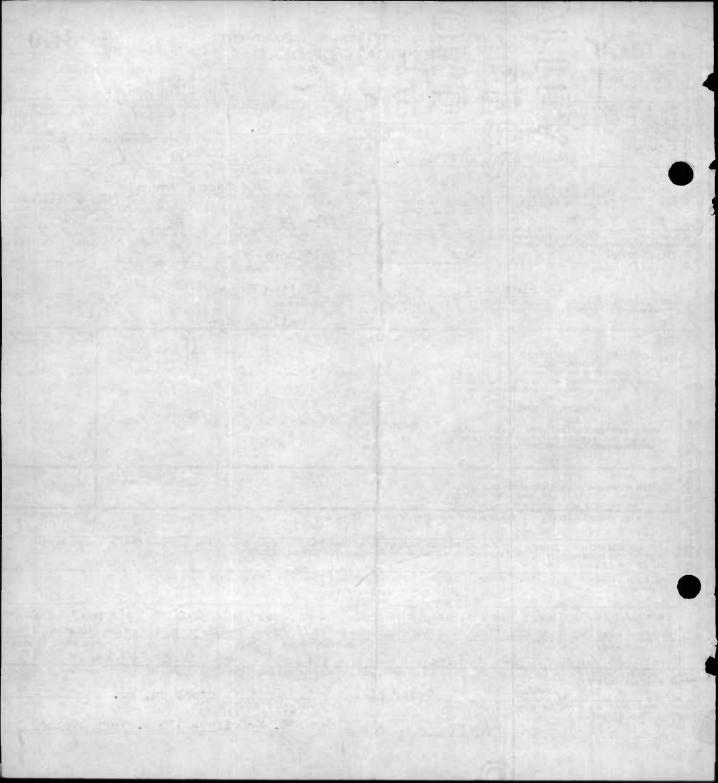


is especially important. Physicians: please write the causes of death clearly and regire.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BII	RTH NO.								
	NAME OF D	ECEASED	ידתש	H G. LYSHER		2. DATE OF	150		
	PLACE OF D Baltimore (EATH: City, Maryland	EDII	n G. LISHER	4. USUAL RESIDEN	DEATH 4/9 ICE (Where deceased lived. B. COUNTY			
B. I	SPITAL OR	OF (If not in hospit		ion, give street address o location		(If outside corporate lin	mits, write RURAL and give		
	43	SOUTH BA	LTO. GE			oklyn Park	Keeper		
				Yrs. Mos.		(If rural, give location)	- 6- 40		
		tay in Baltimore		Days		4 Second Avenue			
5.	F	6. COLOR OR RACE	7. SINGLE	E, MARRIED. PED, DIVORCED (Specify)	5/29/89	9. AGE (in years last birthday)	Months Days Hours Min.		
		CUPATION (Give kind of	108. KIND	OF BUSINESS OR		ate or foreign country)	12. CITIZEN OF		
WOLE	Housewo:	of working tife, even if retired). PK	Hon	INDUSTR	Baltimore		WHAT COUNTRY?		
13	FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME			
		Charle	s Sard		Lillian Ba	arrv			
15 (V~	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
(100	No.	(11 you, give war or date	a or acranos)	SECURITY NO.	Family -	Same			
	18. 1601	0,0 and 17	W	CAUSE	OF DEATH		INTERVAL BETWEEN		
	7000	SE OR CONDITION	DIRECTIV		4 1	1 .4 1	ONSET AND DEATH		
		LEADING TO DEAT	ГН	Com	cost in Hea	A Acillia			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES								
Z				(B)	rosclestic,	GLEONT a. Sec	zil		
2	RISE TO T	S OR CONDITIONS, IN	STATING TH			A PROPERTY OF THE PARTY OF THE			
4	UNDERL	YING CONDITION LA	ST.	(C)					
ERTIFICATION									
Ē	OTHER	II SIGNIFICANT CONDI	TIONS CON	? Barcomo	a of uter	rus e meta	staris		
EH	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	D	to lum	1			
U		OF OPERATION 1		FINDINGS OF OPE	RATION		20. AUTOPS/17		
A L	ION. DATE	1	00. 111.10011				YEST NO [
Ü	21A ACCUE	DENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g.	in or 21c. WHERE DI		y, give exact location)		
MEDICAL	LYING O	R CONTRIBUTING DEATH		farm, factory, atreet, office bldg					
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR		INJURY OCCUR?			
			m.	WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 3 ~ 15 - 1952, to 4-19-, 1952, that I last so deceased alive on 4 - 19-, 1952, and that death occurred at 1/302 m., from the causes and on the date stated of									
									23A. SIGNA
	L. S.	14.00	9 (2)	und M.D.	1313 1:	ant street	- 14-19-1952		
24	A. BURIAL,	CREMA- 24B. DATE	1	240. NAME OF CEMET	ERY OR CREMATORY	2)4D. LOCATION (City, to	wn, or county) (State)		
110	B	4/12/52	0	Cedar Hill		Brooklyn, M	d		
	TE RECEIVE		S SIGNATI		25. FUNERAL DIRE	CTOR A	ADDRESS		
14	CAL REGIST	959 # 4	to 1	111- 0 ,Q	James L. Mc	Cully - Iso E.	Fort Avenue		
1	APR 101952 Huntington Military James L. McCully - I30 E. Fort Avenue								



correct ag ... pecially important. Physicians: please write the causes of death clearly and solution

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Bi	RTH NO.	4.74						
1. (T	NAME OF D	ECEASED	TOAD	TID A WATER		2. DATE	0/50	
3.	PLACE OF D	EATH:		ELLE C. KEIFER	4. USUAL RESIDENCE	DEATH 4/ Where deceased lived,		
Α.	Baltimore (City, Maryland 67	3 E. C.	lement Street	A. STATE	B. COUNTY	before admission)	
H	SPITAL OR STITUTION	Or (II not in nospit	ar or mstruc	location)		f outside corporate in	nts, write RURAL and give township)	
					Baltimore	V 7		
				Yrs. Mos.	D. STREET ADDRESS (In			
	Length of s	tay in Baltimore	7 SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year If Under 24 Hours	
	F	W	WIDOV	VED, DIVORCED (Specify)	7/3/80	last birthday)	Months Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housew		Home	INDUSTRI	Vermont		WHAT COONTRIT	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME		
110		Edwa	rd Dem	ing	Emma Curtis			
15 (Ya	. WAS DECEAS	ED EVER IN U.S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(200	No	(300) 80 112 01 2200		SECORITI NO.	Family - Same			
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY		. 9.	()		
	LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
z	(B) Cateriorelessis						IM.	
0	DISEASES OR CONDITIONS, IF ANY, GIVING THE DUE TO							
A	UNDERL	YING CONDITION LA	ST.	(C)				
FIC								
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-							
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED		Later and the same		
O				FINDINGS OF OPER	ATION		20. AUTOPSY?	
Ā		0					YES NO	
EDICA	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	y, give exact location)	
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	a cortifue that I att	ended the		3-15 1952-to	4-9 19	Sthat I last saw the	
		22. I hereby certify that I attended the deceased from 3-15, 1953 to 4-7, 1953 that I last saw the deceased alive on 1953 and that death occurred at 6 A.m., from the causes and on the date stated above.						
	23A. SIGNA		0 11		3B. ADDRESS	+	23c. DATE SIGNED	
actolod M.D. 707 tor ave. 49.52								
710	A. BURIAL, ON, REMOVAL (S	CREMA- Specify)		24c. NAME OF CEMETE		LOCATION (City, to	wn, or county) (State)	
-	ATE RECEIVE	D BY REGISTRAR	E ELCALATI	Glen Haven	25. FUNERAL DIRECTOR	len Burnie	ADDRESS	
	CAL REGIST	RAR I	+ 1	/11.	James L. McCul	1 T70 F		
-	APR 10	1059 Munting	the the	aksalpa, hij	vames L. McCul.	Ty - 130 E.	TOLC TAGE	
	V\$ 150	1002		Mercally Account	0 4 0 4			

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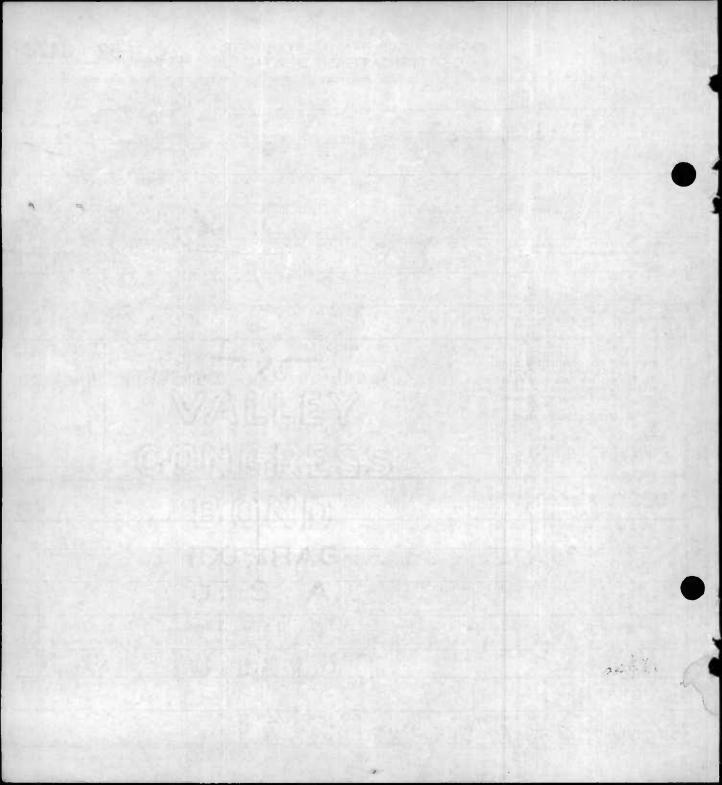
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 3472

1. NAME OF DECEASED 2. DATE (Type or Print) OF Hermine Thomas DEATH April 7. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2224 E. Lanvale St. B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RORAL de give C. CITY OR TOWN INSTITUTION township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2224 E. Lenvale St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (In years | M Under | Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female Married Jan. 5, 1878 IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? City of Batimore Charwoman Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonold Ramsel Schneider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Luther J. Thomas 2224 L. Lanvale St., INTERVAL BETWEEN 18. 443X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carlo U worked O 13 Mass LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES But ensiclain CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK , 1951, to . 1934, that I last saw the 22. I hereby certify that I attended the deceased fromand that death occurred at 3 & deceased alive on 19.0 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS my my my 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify April 10, 1952 Parkwood Parkville, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Muntington, Hone 2008 Orleans St.,

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correct ag its especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.			<u></u>	e or Dexiii			
	NAME OF D		e May T	anner		2. DATE OF DEATH	3-52	
Α.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE () A STATE Maryland		f institution: residence before admission)	
H	OSPITAL OR ISTITUTION	Doctors :		ion, give street addresa or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
		tay in Baltimore		ife Yrs. Mos. Days	b. street address (If	it. 13-	06	
F	sex emale	6. COLOR OR RACE	WIDOW	E. MARRIED, LED, DIVORCED (Specify) VIOW	July 26,1883	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Heurs Inches Days Hours Min.	
WOT	Hous	CUPATION (Give kind of of working life, even if retired) Sewife	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		U.S.A.	
13	FATHER'S	Thomas Fin	negan		14. MOTHER'S MAIDEN N	AME		
15 (Ye	WAS DECEASION DECEASION DECEASION DE LA COMPANION DE LA COMPAN	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mildred		ADDRESS 5709Seymour	
CERTIFICATION	(This doer heart failt injury or DISEASE RISE TO 1 UNDERL'	SE OR CONDITION LEADING TO DEA's s not mean the mode of are, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION IS TO THE DEATH, BUT DISEASE OR CONDITION SISTEMATICANT CONDITIONS SOR TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g. ins the disease caused death GES F ANY, GIVIN STATING TH ST. ITIONS CON NOT RELATE	(B) DUE TO (C) PULL TO (C) PULL TO	States Care	oliza Luntani versible	S WM	
EDICAL	19A. DATE C		9 MAJOR 21B. PLA	FINDINGS OF OPER	of 21c. WHERE DID (Ost) If in Baltimore City,	20. AUTOPSY? YES NO give exact location)	
5	OF INJURY		m.	and that death occur	17 301951, 10	4-8 , 198	that I last saw the the date stated above.	
	BURIAL (SEMOVAL (SEMO	D BY REGISTRAN	52	maranuel	25. FUNERAL DIRECTOR	CORTION (City, town acres Ball	to the state of th	
	VS 150	The state of the s			1			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3474

Registered No. I, NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location HOSPITAL OR (If outside corporate limits, write RURAL and give amou D. STREET ADDRESS (If rural, give location) Vra Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (in years | | linder | 1 Year | | Il Under 24 Hours | last birthday) | Months | Days | Hours | Min. MARRIEV 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OLAND HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME annih money 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. L. RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY 4 YES 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING ш CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK agus 1952 to. 9. 195 2that I last saw the 22. I hereby certify that I attended the deceased from_ UMY 9. 19 32 and that death occurred at 243 Pm., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY TO COMMETORY 24D. LOCATION (City, town, or winty) 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify) Rosary DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

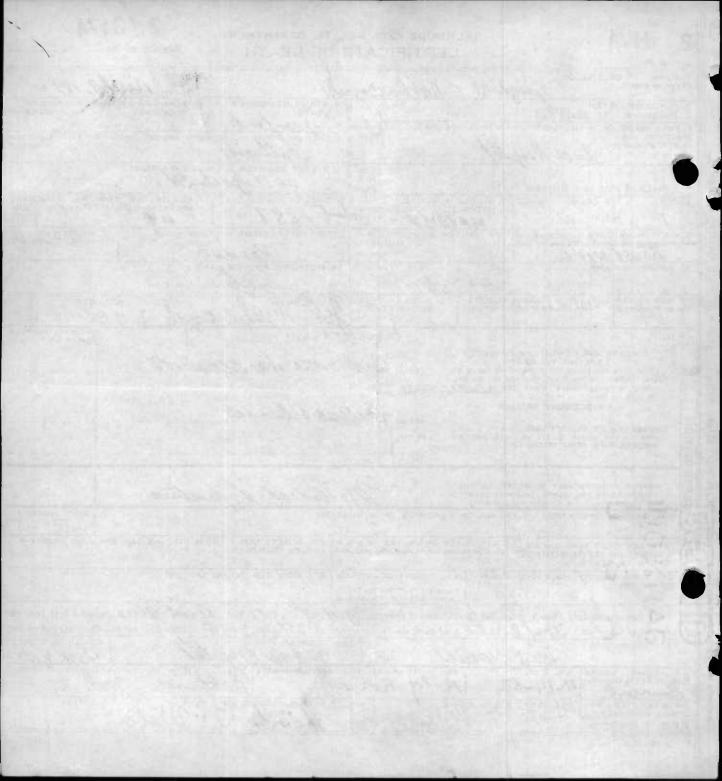
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Physicians:

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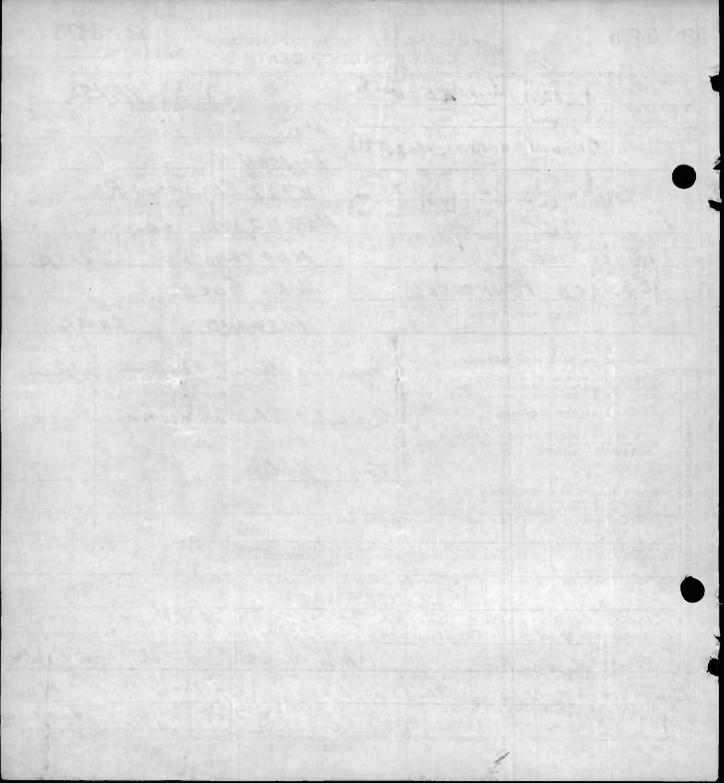
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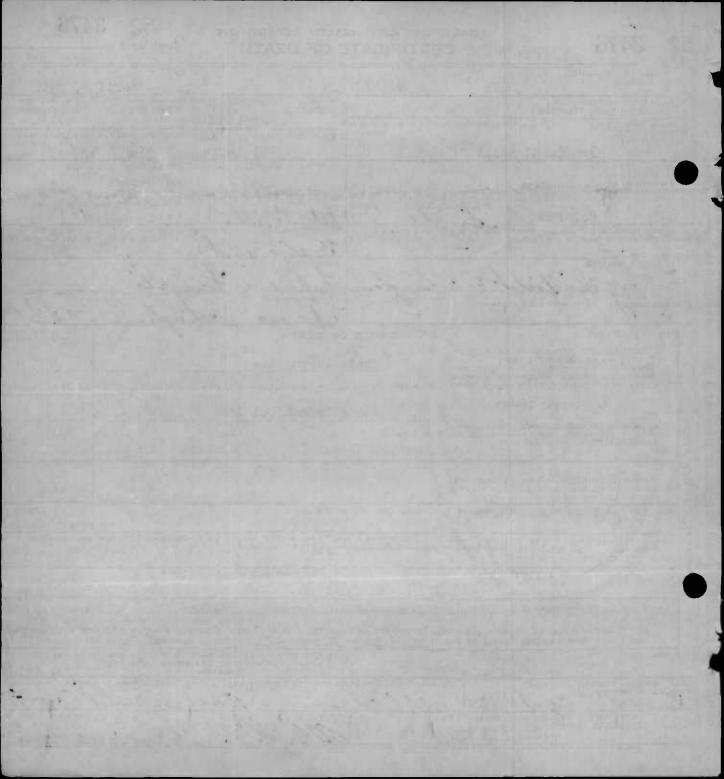
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3475

BI	RTH NO.	OEKTII TOXT	E OI DEXIII				
	NAME OF DECEASED	N. SPRECHER		OF 4/0/53			
3.	PLACE OF DEATH:	Jo of Machier		DEATH deceased lived. If Institution: residence			
	Baltimore City, Maryland		A. STATE	B. COUNTY before admission)			
		pitsl or institution, give street address or location)		12 altinice			
	STITUTION UNION MI	EMORIAL HOSP location)	c. CITY OR TOWN (If outside	le corporate limits, write RURAL and give township)			
L	4		10WSON 4	5 310			
		28 Mrs.	D. STREET ADDRESS (If rural,	give location)			
_	Length of stay in Baltimore	Days	8727 EDDIN	VGTON KD.			
5.	6. COLOR OR RAC	F 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	MARCH 2 188	GE (In years M Under I Yeer If Under 24 Hours Min.			
10	. USUAL OCCUPATION (Givekind	of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign				
234	done during most of working life, even if retired to the wife	ed) INDUSTRY	MARYLAND	WHAT COUNTRY			
3	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	O.J.A.			
	EDWARD 1	ENNOWELL	NORA GORS	y			
	WAS DECEASED EVER IN U.S. ARM, no or unknown) (If yes, give war or d	TED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		SECORITI NO.	HUSBAND	SAME			
Ī	18. 252.0 .	CAUSE	OF DEATH	INTERVAL BETWEEN			
1	DISEASE OR CONDITION			ONSET AND DEATH			
	LEADING TO DE	EATH	extine Heart F.	achore 41000			
	(This does not mean the mod- heart failure, asthenia, etc. It n	e of dying, e.g., (A)		7 330.			
1	injury or complication which caused death.) DUE TO						
-	ANTECEDENT CAUSES Accribular Filmillation, chronic						
5	DISEASES OR CONDITIONS	(B)					
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
	UNDERLYING CONDITION		4				
1		(c) 7 o x	cic genter				
	OTHER SIGNIFICANT CON						
	TRIBUTING TO THE DEATH, BU	JT NOT RELATED					
1	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
	0.21.71.00			YES NO W			
	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in)	Baltimore City, give exact location)			
1	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,					
				21.00			
	21D. TIME (Month) (Day) (Yes			JURY			
		m. WHILE AT NOT WHILE					
	22. I hereby certify that I attended the deccased from march 1 19670 April 9 , 1962, that I last saw						
	deceased alive on find 2, 1952 and that death occurred at 2 2 2.m., from the causes and on the date stated a						
	23A. SIGNATURE	, 10 -, and that death occu	23B. ADDRESS	23c, DATE SIGNED			
	Mence of Est	Tam Mark	Inion memorial Not	wal fil 9, 1952			
24	A. BURIAL, CREMA- 248. DATE	24c. NAME OF CEMETE		ION (City, town, or county) (State)			
	N. REMOVAL (Specify)	15-2 Balto.1	Vatl Bal	to Md			
	TE RECEIVED BY L REGISTRA		25. FUNERAL DIRECTOR "?	ADDRESS			
16	CAL REGISTEAR	ton Williams -1.7	PO OF P.	2 1/2 7401 B			
Al	K 10 1957 / June 119	I was I for	Klessalin time	wellen Belaio"			



52 3476 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) EMORY WASHINGTON April DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Maryland "f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C CITY OR TOWN Provident Hospital D. STREET ADDRESS (If rural, give location Mos 1536 N. Gilmor Street Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years if Under 1 Year last birthday) Months: Days Hours: Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Colored KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN V. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO INFORMANT ADDRESS (Yes, no or unknown) causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute laryngitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Acute bronchiolitis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE Autoosy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151



CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 2. DATE I. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write BULAL and give HOSPITAL OR C. CITY OR TOW INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4040 Dungle c. Length of stay in Baltimore Days DATE OF BIRTH 9. AGE (In years) II Undor) Year 6. COLOR OR RACE GINGLE MARRIED 5. SEX last birthday) Months! Days Hours! Min. WIDOWED, DIVORCED (Specify) 11. BRTHPLACE (State or foreign country) 12. CITIZEN OF IOA, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY CHILD. NONE 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARILO FORCES? OCIAL ADDRESS (Yes, no or unknown) CURITY NO. 4847 CEDARDALE ROND. DORIS SWAUGER NONE INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK WORK 1952, and that death occurred at 1917 m. from . 1952 that I last saw the 22. I hereby certify that I attended the deceased fromom., from the causes and on the date stated above. deceased alive on 4 23c. DATE SIGNED 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

LOUDON PARK CEM.

FUNERAL DIRECTOR

township

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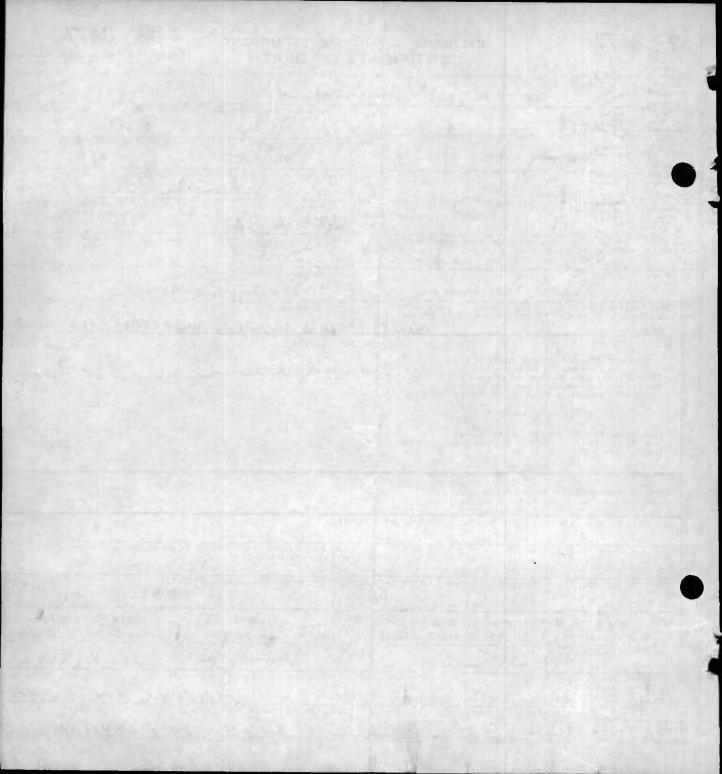
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DATE RECEIVED BY LOCAL REGISTRAR

APRIL 11 1952



BALTIMORE CITY HEALTH DEPARTMENT Registered N2 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where Acceased lived If institution : residence 3. PLACE OF DEATH: A. STATE Mary B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate Units, write RURAL and give C. CITY OR TOWN INSTITUTION o. STREET ADDRESS (In rural, give location) Yrs. Mos. c. Length of stay in Baltimore andes 7. SINGLE, MARRIED, WINGOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE arried 10A. USUAL OCCUPATION (Give kind of work done during most of yoking life, on if retired) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY e571 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH WIFEVAL BETWEEN 18. 002 X and NSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 3-11 , 1952 to 4-6 19 5 that I last saw the 19 52 and that death occurred at 6:36 Pm., from the causes and on the date stated above. deceased alive on 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Upr-14-1952 25. FUNERAL DIRECTOR DDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

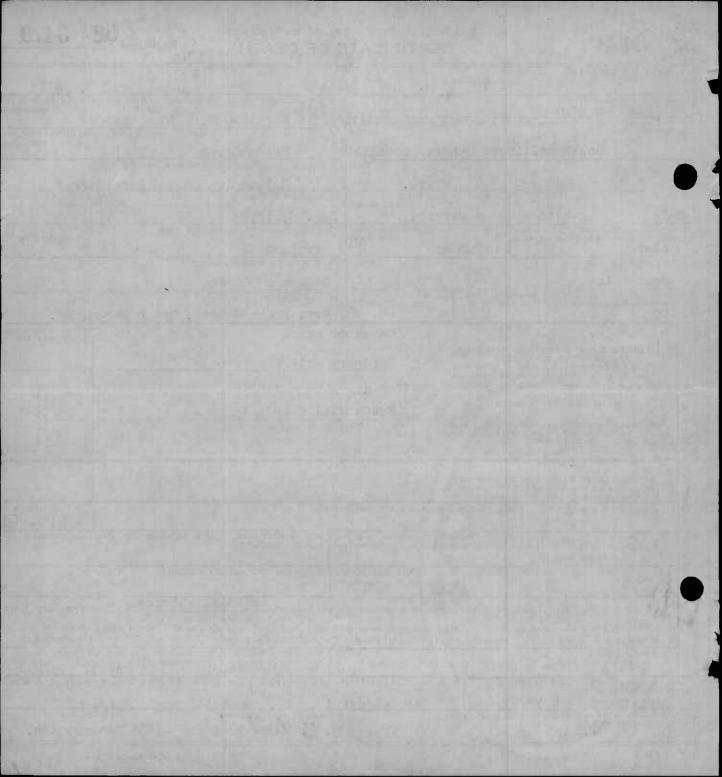
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20. AUTOPSY?

YES X

causes

Burial New Cathedral Baltimore. Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR Sadovski & Sons-1808 Eastern Ave. 151



banon

25. FUNERAL DIRECTOR

ADDRESS

causes

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write

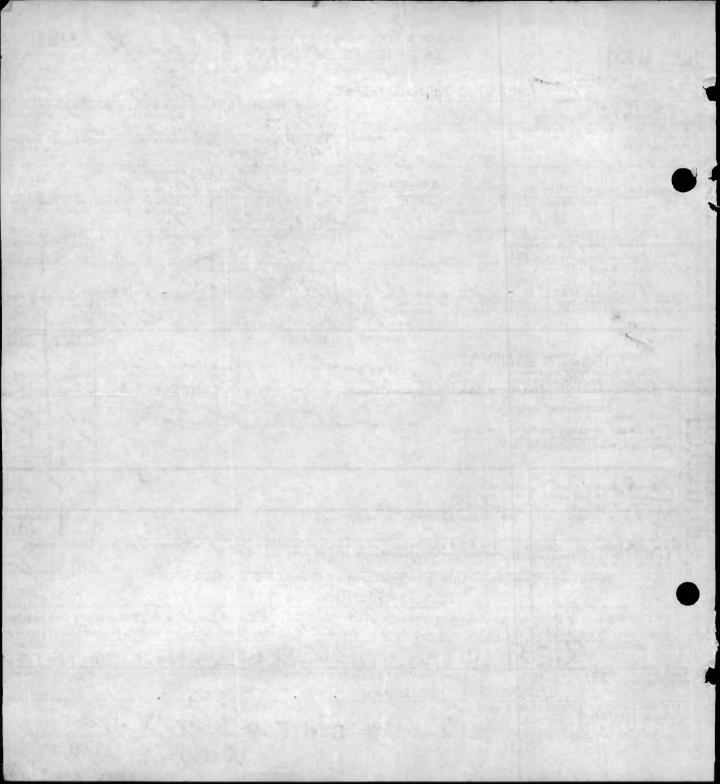
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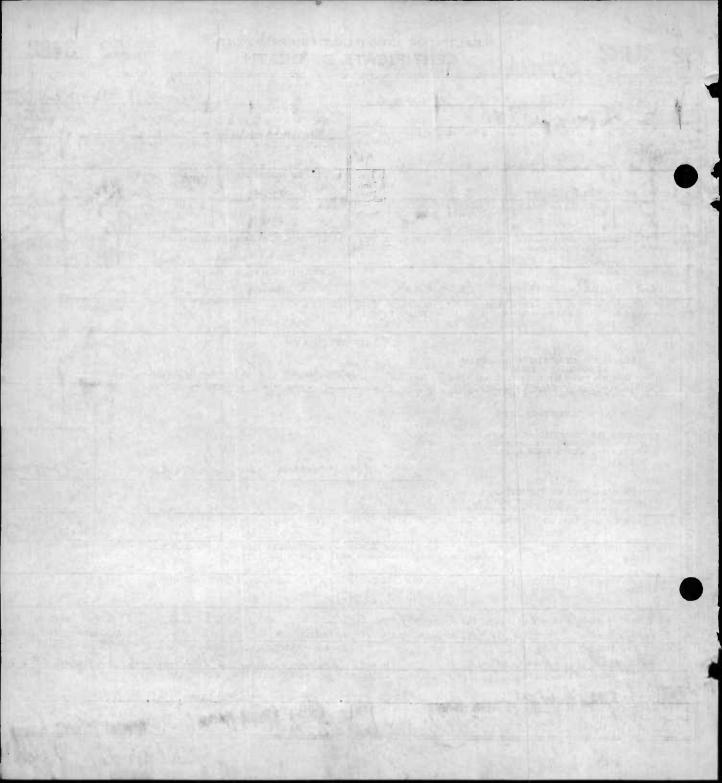
LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

52	160 RTH 848:	1.			HEALTH DEPAR		Registered	2 3	481
1.	NAME OF Dope or Print)		MARGARET	McCLURE LEI	PER	12	2. DATE OF DEATH	il 1	0,1982
A	FULL NAME	City, Maryland	Be pital or institut	Of ion, give street address	or A. STATE	DENCE (W	here deceased lived. B. COUNTY Anne		n : residence fore admission)
	STITUTION	hurch	How	c. CITY OR TOW	apol	outside corporate li	nits, write R	URAL and give township	
	Length of s	tay in Baltimore	since	8. 5 ac	con	rural, give location)	e 50	10	
5.	SEX	6. COLOR OR RAC		E, MARRIED. VED, DIVORCED (Spec	8. DATE OF BIR 206/18	73	9. AGE (In years last birthday)	f Under 1 Year Months Day	
work	done during most of	CUPATION (Give kind of working life, even if retire	at ho	OF BUSINESS OR INDUST	11. BIRTHPLACE	(State or fo	reigh country)	12. CITI WHA	IZEN OF AT COUNTRY
13.	FATHER'S N	CLURE	- Q la	Vande	14. MOTHER'S N	RSO	TAME	ene.	, .
		ED EVER IN U.S. ARM (If you, give war or de		16. SOCIAL SECURITY NO NONE	17 INFORMANT	d.	5- colon	ADDRESS	afolis
FICATION	(This does heart failu injury or DISEASES	LEADING TO DE to not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CASS OR CONDITIONS HE ABOVE CAUSE (MING CONDITION)	ATH of dying, e. g cans the discas caused death JSES IF ANY, GIVIN	e, DUE TO (B)	condist in	of the	linde of line	e 6	, day
ERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED								
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20 YES	AUTOPSY?	
ED	LINES OF DEATH								t location)
É	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR? MILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from Market (5, 195) to 3 10, 1952, that I last saw the deceased alive on 1952, and that death occurred at 8 16 am., from the causes and on the date stated above 23a. SIGNATURE 23c. DATE SIGNED								
24 TIO	la. BURIAL, (S ON, REMOVAL (S Remo			Middle town	TERY OR CREMATOR		ocation (City to cer, Pa.	wn, or count	y) (State)
Dá A	TE RECEIVE	D BY REGISTRA	R'S SIGNATI		25 FUNERAL D		kner 4	ADDRE	SS
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correct of is especially important. Physicians: please write the causes of death clearly at riegiony.

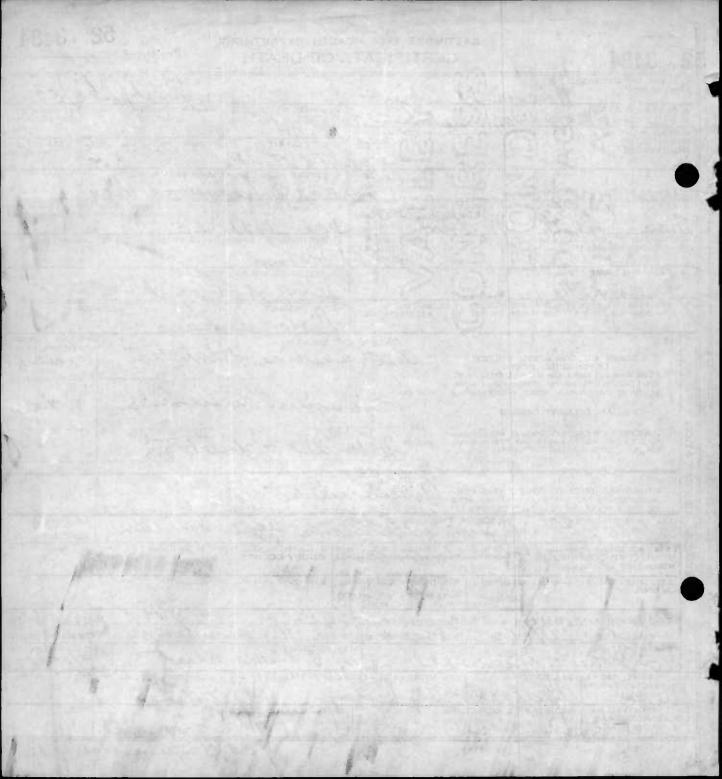
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. (T	NAME OF DECEASED ype or Print) A STV C. 01	Here		2. DATE OF DEATH April 8.1952		
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V		
HC	FULL NAME OF (If not in hospit OSPITAL OR STITUTION	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate lini	ts, write RURAL and give
1	3534 Chestnut	- A 77.0		Baltimore	1)	township)
			Yrs.		rural, give location)	
	Length of stay in Baltimore		Mos. Days	3534 Chestnui	- A 370	
	SEX 6.COLOR OR RACE	WIDOV	E. MARRIED. VED. DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years	onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of	SI	ngle	Sept. 25,1378	73	
work	done during most of working life, even if retired)	IOB. KINL	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY:
	? ?	?	?	Reading Pa.		U.S.A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	James M. O'Hare			Mary Boone		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED , no or unkonwn) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	<i>F</i>	ADDRESS
`	no	-	? ?	Mrs Regina Tov	vson 3828 '	Tudor Arms A
	18. 332X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY		1 . 11	1 .	ONSET AND OEATH
	(This does not mean the mode of	TH f dying, e. i	. (L)	retrol Im	omboses	48 kg.
	heart failure, asthenia, etc. It mea injury or complication which c	ns the diseas	e,			
			., בסב וס	arteriose	0	
7	ANTECEDENT CAUS	ES	(B)	arrenose	Leupers	1 year
Ó	DISEASES OR CONDITIONS, IS	***************************************	***************************************			
TA	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA					
ō			(C)		***************************************	
ERTIFICATION	11					
œ	OTHER SIGNIFICANT CONDI- TRIBUTING TO THE DEATH, BUT					
Ü	TO THE DISEASE OR CONDITION					
1		9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V	0	L 04- 51				YES NO
MEDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e		f in Baltimore City,	give exact location)
	210. TIME (Month) (Day) (Year) OF INJURY	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	or moon	m.	WHILE AT NOT WHILE			
	22 I handha conti a that & A th			19457 to	201 8 440	2, that I last saw the
	declared dive on	. 19	and that death occur	- 1		
	23-SIGNATURE	. 19		3B. ADDRESS	ne causes and on t	he date stated above.
	Copression. Ma	ru	her X-M.D.	2706 AMP	enl sx	4/10/52.
24 TIO	A. BURIAL, CREMA- 24B. DATE N, REMOVAL (Specify)	173	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)
	Burial 4/11/5	52	New Cathedi	ral Cem. Ba	alto. Md.	
DA	TE RECEIVED BY REGISTRAR	SIGNATU		25. FUNERAL DIRECTOR		ADDRESS
	TPR 101952 + +	tonet	delacus his	John A. Moran	3000	E. Paltimore
	Juning	7.		TOTAL MOTSH	0000	Tar Olmora

1018 80 Les Carling Thumselvens 195 mg And the state of t

52 3484 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH WOO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH C 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland \$03 0 - hake B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, waite RURAL and give C. CITY OR TOWN INSTITUTION township) selimore Yrs. D. STREET ADDRESS (If Jural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR-OR RACE 7. SINGLE, MARRIED 9. AGE (in years | If Under | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) narred 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 1 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even ifretired) INDUSTRY WHAT COUNTRY? CHICKEN DEALER 13. FATHER'S NAME 14. MOTHER'S MAINEN NAME (R) ank WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH agute Laudiae he DISEASE OR CONDITION DIRECTLY clase LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING holicel odshuelion RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. TRIBUTING TO THE DEATH, BUT NOT RELATED ALWELLEULLE TO THE DISEASE OR CONDITION CAUSING IT. 195. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City give exact location LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 875-219 , that I last saw the 22. I hereby certify that I attended the deceased from. 32, 19 and that death occurred at_ deceased alive on ... 1/1. m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED Les olu G. un 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) avery FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

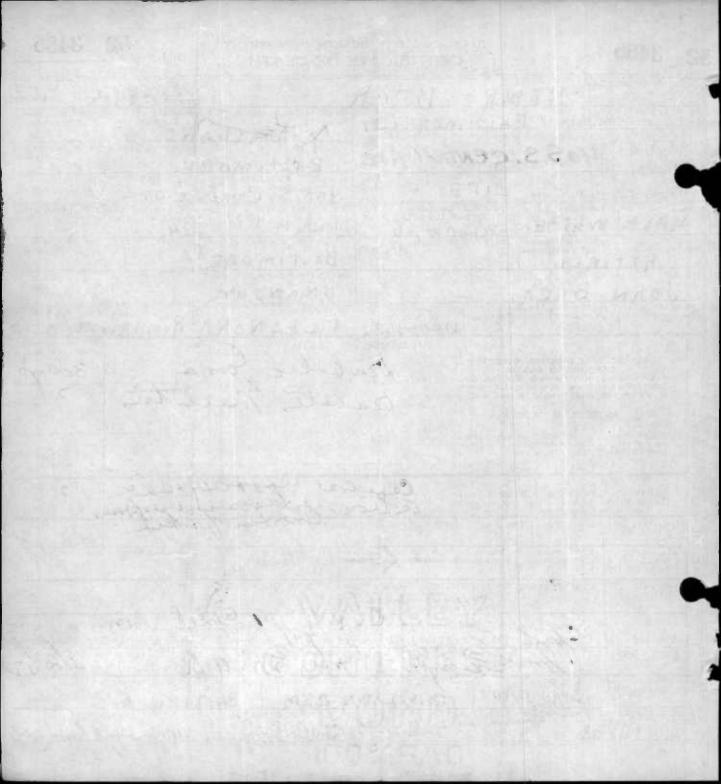


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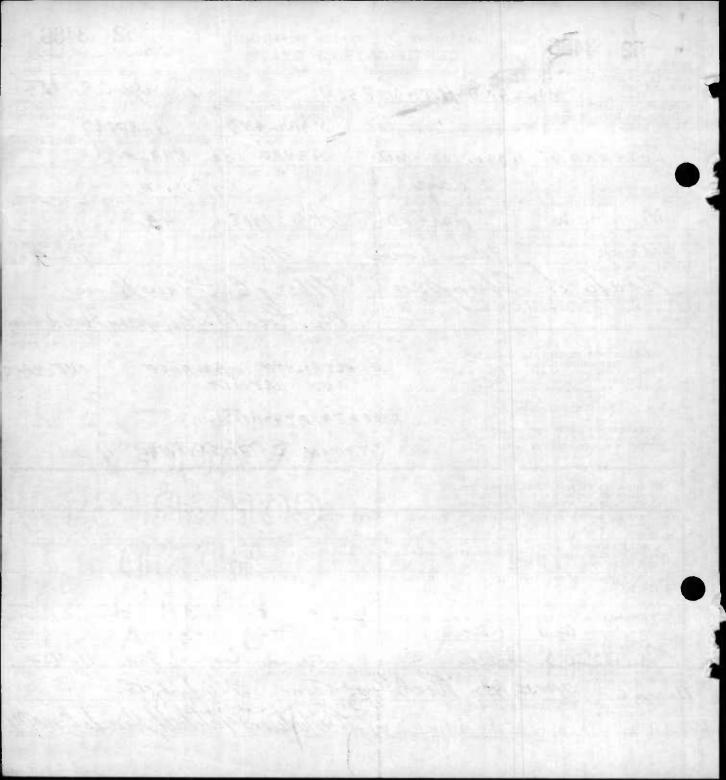
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3485

BIRTH NO.	E OF DEATH Registered No.	-
1. NAME OF DECEASED		
(Type or Print) HENRY. BECK	C. PATE ARRIL 8 195	2,
A. Baltimore City, Maryland Baltimore City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence	
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admissi	ion)
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate lights, write RU) AL and s	
INSTITUTION 405.3. CENTRAL AVE	o · · · · · · · · · · · · · · · · · · ·	
	BALTIMORE	
Yrg, Mos.	D. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore Days	405'S. Central are	
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hi	ONES
MALE White WIDOWED (Specify)	1) anch 14.10 (0) 74.	in.
10A. USUAL OCCUPATION (Give kind of OB, KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	214
RETIRED.	BALTIMORE	RYI
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
lat. Rock		
JOHN. DECK.	UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 405 S	
215-01-1632	ELEANORA. ROMARIELLO Cut	-
18. 2-1-4 V	OF DEATH INTERVAL BETWEE	FEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEA	ATH
LEADING TO DEATH	lele ona 3de	0
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
injury or complication which caused death.) DUE TO	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
ANTECEDENT CAUSES	veres pretting.	
DISEASES OR CONDITIONS, IF ANY, GIVING	······································	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
L.		
OTHER SIGNIFICANT CONDITIONS CON-	ha portery che	
TRIBUTING TO THE DEATH, BUT NOT RELATED	in the lesson it is a series !	
TO THE DISEASE OR CONDITION CAUSING IT.	De Jorden	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION - 20. AUTOPSY	?
▼ 6	YES NO	3
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, atreet, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)	
LAUSE OF DEATH	an insort occorr	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	_
OF INJURY WHILE AT NOT WHILE		
m. WORK AT WORK		
22. I hereby certify that Lattended the deceased from	to forl 1917 that I last saw	+110
deceased alive on 191, 191, and that death occur		
	38. ADDRESS 23c. DATE/SIGNE	
1 broad to a la	502215 KN HTA	-
24A. BURIAL. CREMA: 24B. DATE // 24C. NAME OF CEMETE	BY OR CREMATORY 340 OCCATION (Site)	2
TION, REMOVAL (Specify)		6.1
april. 12/1952 OAK. LAW	N. CEM EASTERN AVE	
DATE RECEIVED BY REGISTAR'S GRAJURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS	
APR 1 01950	WEST ASM BID Short 210.5 He bland	1
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	mounter of toliver 210,0 becaused to	7



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52 3487

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3487 Registered No.

B	IRTH NO.						
(1	NAME OF C Type or Print)	Lichai	-d M.	Co	OK	2. DATE OF DEATH	9-52
	Baltimore	City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	If institution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institution, gi	ive street address or location)	md.	416 421	
	STITUTION	S ac 14	1	30043011)	c. CITY OR TOWN	91	nits, write RURAL and give township)
7	12077 5	SECOURS H	osp1Tal	Yrs.	D. STREET ADDRESS	(If rural, give location))
G.	Length of	stay in Baltimore	20	Mes. Days	1506 Kaks		
	SEX	6. COLOR OR RACE	7. SINGLE, MA	RRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	m	W		do MPd	12-1-84	67	Months Days Hours Min.
1C wor	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	ERSTER	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		teel FAB.	14. MOTHER'S MAIDE	N NAME	0.2
	me	. Josiah	Cank	LEI PAIG	Julia mi		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI		SOCIAL	17. INFORMANT	4777770	ADDRESS
(16	No or unknown)	(If yes, give war or date	' -	SECURITY NO.	HOSPITA	L RECOR	
ICATION	(This doe heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA's s not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	ITH If dying, e.g., ns the disease, aused death.) SES FANY, GIVING STATING THE	(A) Ale	wellent ma		INTERVAL BETWEEN ONSET AND DEATH
CERTIFIC	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
A L	April	of operation 1	9B. MAJOR FINI	DINGS OF OPER	nama Plens	/	20. AUTOPSY?
DICA	21A. ACCIE	DENT WAS UNDER-		OF INJURY (e. g., in ctory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City	, give exact location)
ME	CAUSE OF				INCOM.		
	OF INJURY	(Month) (Day) (Year)		NJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
			m. WHILE				
		y eertify that I att			il 3 , 1952 to	apr 9, 19.	Shat I last saw the
-	deceased a	live on apr 9	, 19 5 Land t		red at 3 m., fro	om the causes and on	the date stated above.
	23A. SIGNA	AURE -			129 St Paul	5+	age 9.1957
2.	4A. BURIAL,	CREMA- 248. DATE	24c.1	M. D.		O. LOCATION (City, tow	
1	ON, REMOVAL (S	April 1	2.1952 Dr	ruid Rid	ap Pi	Kesville,	Md.
D.	ATE RECEIVE	D BY REGISTRAR		10-1	9 E PI	OR	ADDRESS
A	PR 1 1 19	52 Tunting	flow Ware	sus Mis	Chro Onite	Ell Imo 19	so Entaw Pl.
	VS 150			6903	D		

TAMES TO SAME 4. 41. 41. entities of the second Land of the state of the state

(c) Pulmonary Embolism

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) Multiple fractures, contusions and heart failure, asthenia, ctc. It means the disease, xxxxx internal injuries injury or complication which caused death.) ANTECEDENT CAUSES (a) Thrombi in vena cava, aorta, and DISEASES OR CONDITIONS, IF ANY, GIVING xxxxx portal vein

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

Coronary Artery Sclerosis TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR?

21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. Road 21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 9:00 P.

NOT WHILE

22. I ecrtify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

23A. SIONATURE TION, REMOVAL (Specify)

REGISTRAR'S SEGNATURE

Overland Cemetery

autopsy Autopsy, Inspection or Inquiry

and death in my opinion resulted from: natural causes \(\sigma\), accident \(\mathbb{Z}\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\). 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Harrisburg.

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

Removal

RECEIVED BY

dea

55083

Stony Creek Road near Cox Road

(If in Baltimore City, give exact location)

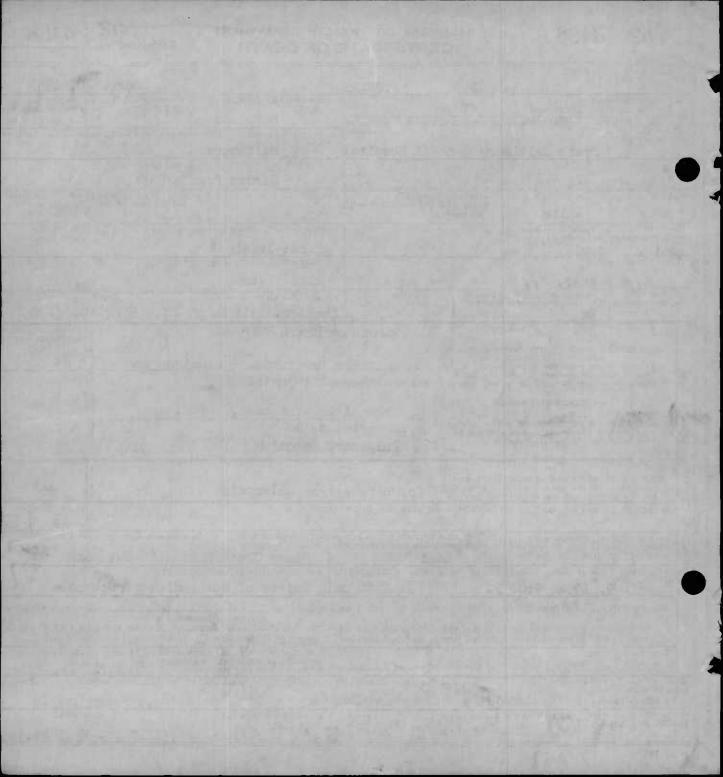
20. AUTOPSY

Driver of auto which struck pole

thereon and from

Pennsylvania

1217 St. Paul



	. 3400
Registered N	Vo
2. DATE OF DEATH 49	L52
here deceased lived, If B. COUNTY	before admission)
25-	s, write RURAL and give township)
e: Cherry	Lill Pd.
9. AGE (In year) Mo	f Under 1 Year If Under 24 Hours Hours Min.
reign country)	12. CITIZEN OF WHAT COUNTRY?
AME	
1 11. 1 A	DDRESS 2125
4. Kirby	INTERVAL BETWEEN
ikoga_	
i-Volale	2
Eft	
f in Baltimore City,	YES NO
OCCUR?	
9 , 195	that I last saw the
	he date stated above.
et	4 10122

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

1	20. 7
	YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

> 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY

OF INJURY

NOT WHILE

(H

(If

GRACE

22. I hereby certify that I attended the deceased from 418 1952, and that death occurred at 1:35 P. m., from t deceased alive on 419

1950; to 4

23/0 SIGNATURE · (Xuinus 24B. DATE 23B. ADDRESS

1213 Light

24A. BURIAL, CREMA-HON EMOVAL (Specify) Duna

ERTI

important. U

24C. NAME OF CEMETERY OR CREMATORY

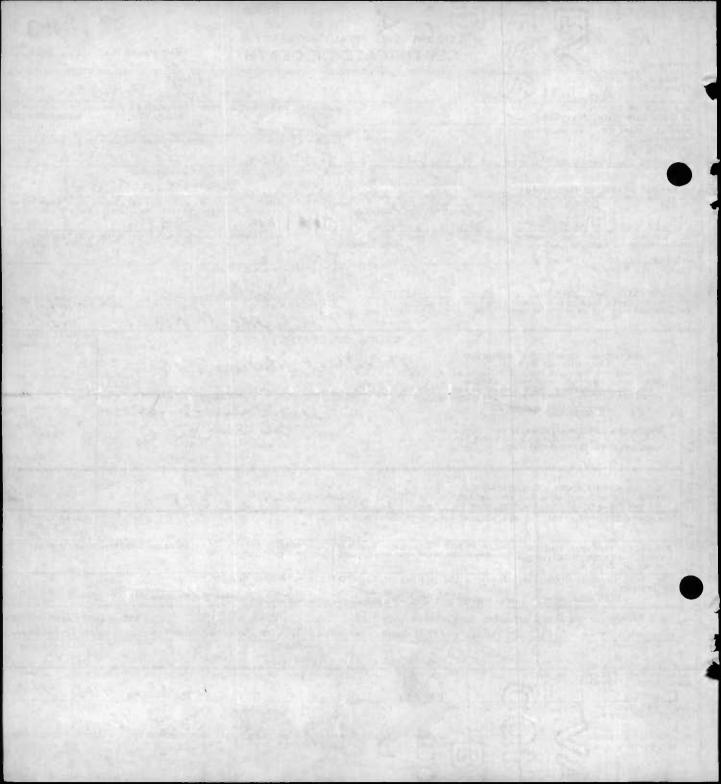
24D. L

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FHNERAL DIRECTOR ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

52 3490

ADDRESS

5305 Harford Road.

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Linthicum Apr. 10, 1952 Augusta DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4702 Harford Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 514 Sheridan Avenue c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years H Under I Year last hirthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) female white widowed Jan. 3, 1875 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Hokemeyer Christiana Engel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Webster Mr. Charles K. Linthicum. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Metastatic Carcinoma Lungs LEADING TO DEATH mouth (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK 3195 V and that death occurred at 15 Am. from the 22. I hereby certify that I attended the deceased from 194. 25 . 195 that I last saw the deceased alive ont pr. 9 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 4-12-52 Parkwood Baltimore, Mary land 25. FUNERAL DIRECTOR

Leonard J. Ruck,

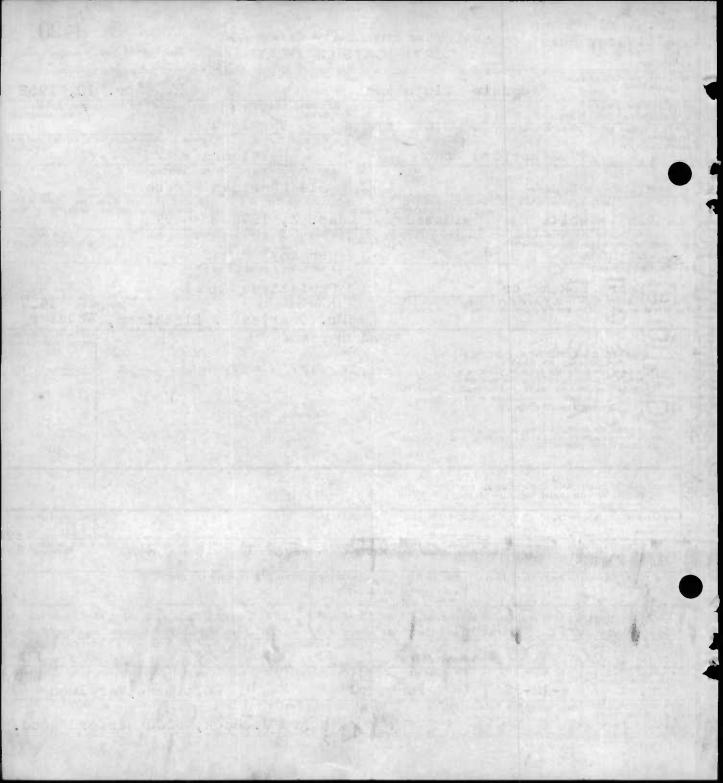
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE/ 11:

Juntinglow



Dr. Sawyer BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Dominick Veneziano OF Apr. 9, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1509 East North Avenue c. Length of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED B. DATE OF BIRTH 1883 9. AGE (In years II Under I Year last birthday) Months; Days Hours Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Apr. 14, 1878 male white married 69 68 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Italy Horse Trainer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 120071101 Maria Pirania Nunziato Veneziano 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknawa) (If yes, give war or dates of service) SECURITY NO. Mrs. Rose Veneziano, 1509 E. North CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., rilitic Hears Disian heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., is ar 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from January . 195 / to deceased alive on were 1952, and that death occurred at 4/30 /m., from the eauses and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

Burial

24B DATE

4-12-52

20. AUTOPSY YES (If in Baltimore City, give exact location) ___, 19___, that I last saw the 23c. DATE SIGNED 4/11/52 4808 Hurborse 4c. NAME OF CEMETERY OR CREMATORY 2 d. LOCATION (City, town, or county) (State) Baltimore, Maryland Holv Redeemer 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE unlington Leonard J. Ruck, 5305 Harford Road.

before admission)

WHAT COUNTRY?

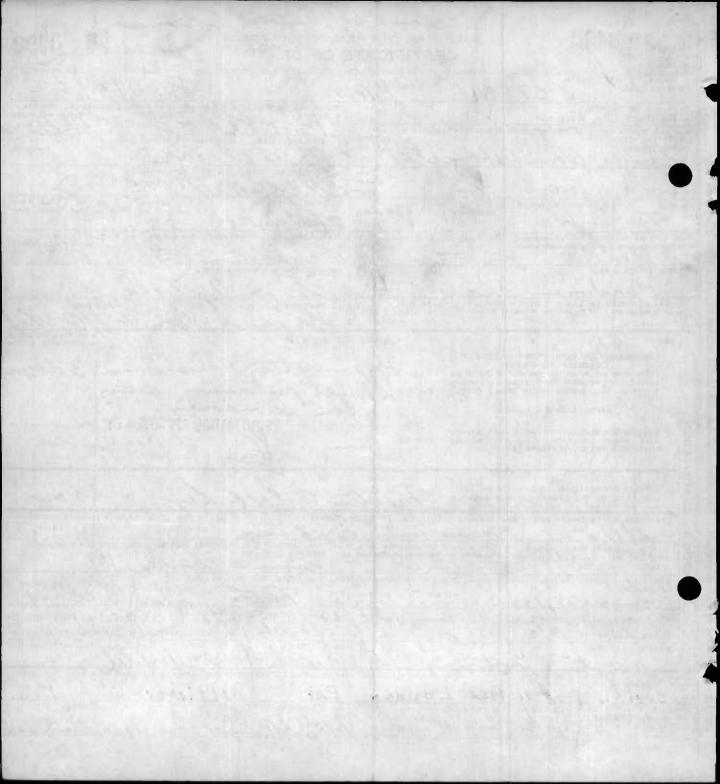
INTERVAL BETWEEN

ONSET AND DEATH

Ours)

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Daniel of Medical E/1 3492 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) VICTORIA SHAW DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR township) Church ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 9. AGE (in years) last birthday) | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) Out 28, 1868 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY saules 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION APPROVED BY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. M. D. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION ractor 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Lone 21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED OF (NJURY 21F. HOW DID INJURY OCCUR? WHILE AT January 25, 1952 m. 2. I hereby certify that I attended the deceased from 1/25 19 that I last saw the deceased alive on 4/4, 1954 and that death occurred al 2:50 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDR 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY (State) LOUDOM BALTIMOVE, 11-1952 DATE RECEIVED BY REGISTRAR'S SIGNATURE 35. FUNERAL DIRECTOR LOCAL REGISTRAR unlington VS 150

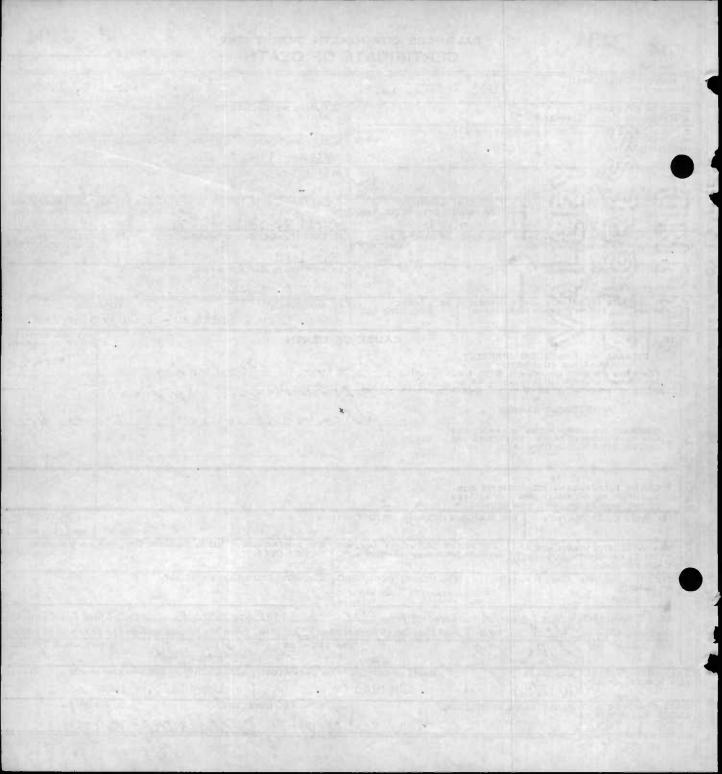


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BALTIMORE CITY HEALTH DEPARTMENT

52	3493

	BIRTH NO. CERTIFICATE	E OF DEATH Registered No.			
2	1. NAME OF DECEASED (Type or Print) WILLIAM H. GRINE	2. DATE OF Apr. 8, 1952			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
4	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 2803 Frederick Ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
gibly	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)			
clearly an	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married married 10A. USUAL OCCUPATION (Givekindoff retired) IOB. KIND OF BUSINESS OR INDUSTRY	2803 Frederick Ave. 8. DATE OF BIRTH 9. AGE (In years list linder I Year Months; Days Flours; Min. 24 Hems) 75 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
death cle	Mechanic (rtd) Paper Box 13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME			
causes of des	Henry Grine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Unknown 17. INFORMANT Mr. William E. Grine - 2803 Frederick Ave			
Physicians: please write the	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	ero Stlerio selevora			
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., let up to the property of	or 21c. WHERE DID (If in Baltimore City, give exact location)			
correct as is especially important.	LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased align on the deceased align on the deceased from 23A. SIGNATURE 24A. BURIAL, CREMA- NOW. REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE ACAL REGISTRAR APR 1952 LYING OR CONTRIBUTING Ebout home, farm, factory, street, office hidg., et al., et al., factory, street, office hidg., et al., et al., factory, street, office hidg., et al., et al., et al., factory, street, office hidg., et al., et al., et al., et al., factory, street, office hidg., et al., et al.	21F. HOW DID INJURY OCCUR? 1927, that I last saw the red at 4.15 m., from the causes and on the date stated above. 38. ADDRESS 23C. DATE SIGNED. 240. LOCATION (City, town, or county) (State)			
	VS 150				



DD 9 (105)

death

causes

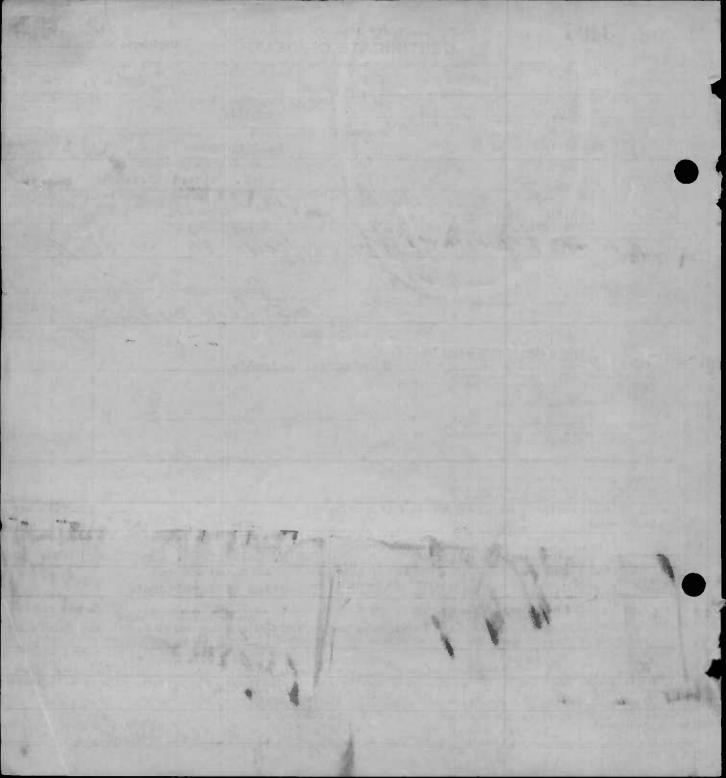
especially important.

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BALTIMORE CITY HEALTH DEPARTMENT

52 3496

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) RICHARD MARSHALL	2. DATE OF April 9, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF A front in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY before admission
HOSPITAL OR INSTITUTION Baltimore City Morgue	
Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 928 N. Calvert Street
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) MR.1e White Divorced	B. DATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours of Northern Order of Hours of Hou
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if rotired) BUTTER MAKER 6HISALTHE TO MERCY	111150000 1A. Va.A.
13. FATHER'S NAME JAMES TROMAS MARSHAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	14. MOTHER'S MAIDEN NAME TENNIE CroseN 17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Barbi:	MISS KUTH MARIHAL WASH SE. OF DEATH LURATE POISONING.
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. OATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING XI OR CONTRIB. about home, farm, factory, atreet, office bldg., e UNDERLYING XI OR CONTRIB. about home, farm, factory, atreet, office bldg., e VIIING II CAUSE OF DEATH. home	928 N. Calvert St. (3rd floor)
Found April 9, 1952 m. WHILE AT NOT WHILE AT WORK	Ingestion of barbiturate
and death in my opinion resulted from: natural eauses	ubove, held an <u>autorsy</u> thereon and from Autopsy, Inspection or Inquiry (Inquiry, find that said deceased died on the day stated aboves , accident <u>suicide</u> A, homicide , undetermined .
23A BIGNATURE Plante M 24A. BURIAL. CREMA- 24B. DATE 24G. NAME OF CEMETE.	238. CHIEF MEDICAL EXAMINER
BURIOL 4-14.52 ARLINGT	TON NATL ARINGTON VA.
LOCAL REGISTRAR APR THE	THE SH. H. NES CO WASH. D.C.
VS 151 11-971.0 690	4499



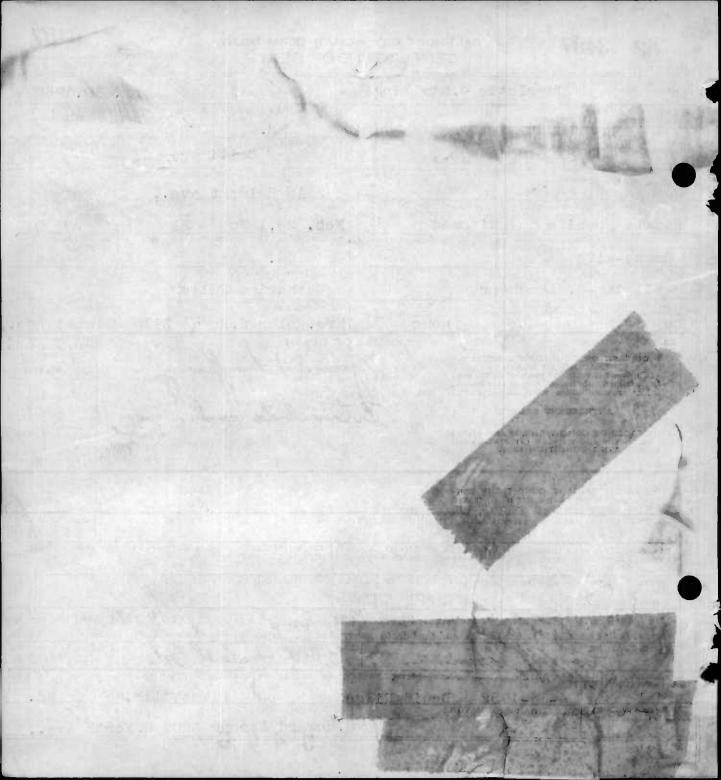
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write

please

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Dr EARL B. Chambers 4108 LIB HAV. 4 7575 2803 ligning 130d

CENTIFICATE CORRECTED 4-08-5

52 3499

VMC-158078 BIRTH NO.

is succeasing important. Physicians: please write the causes of death clearly and

correct

CERTIFICATE OF DEATH

Registered No.

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	NAME OF D	Jennie Sm	1.h		2. DATE OF	7-52
	PLACE OF D		ISTA	4. USUAL RESIDENCE (I DEVIII	
В.	FULL NAME		al or institution, give street address of Hospitals location		If outside corporate lim	its, write RURAL and give
IN	STITUTION	40 Eastern A	ve.	Bal+imore	19.	- 04 township)
			Yrs. Mos.	o. STREET ADDRESS (I	f rural, give location)	
		tay in Baltimore	50 Yrs. Mos. Days	538 S. Ad	dison S+.	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	li Under Year If Under 24 Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Va.	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME		14. MOTHER'S MAIDEN I	NAME	
	Samu	el Davis		Mar+ha	•	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES? 16. SOCIAL	W. INFORMABAL + imo	re City Hosp	16adess
(, , , , , , , , , , , , , , , , , , , ,	(50-) 51-0 1141 01 4141	security No.	4940 Ea		
	18. 34	n. / .	CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY			ONSE! AND DEATH
	(This does	not mean the mode o	f dying, e.g., (A)Henis	gitis Phoumococca	1	3 days
	injury or	re, asthenia, etc. It mea complication which c	aused death.) OUE TO			
		ANTECEDENT CAUS	SES	No. of the last of		
Z	DISFASES	OR CONDITIONS, II	E ANY GIVING		•••••	
ATION	RISE TO TI	HE ABOVE CAUSE (A)	STATING THE DUE TO			
CA	ONDERE	THE CONDITION LA	(C)		***************************************	
RTIFIC		11				
ERI		IGNIFICANT CONDI	NOT RELATED			
ö	TO THE OI	SEASE OR CONDITION	CAUSING ITGene	ralize Arterioso	lerosis	
기	19A. DATE O	F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A ACCID	ENT WAS UNDER-	218. PLACE OF INJURY (e.g.,	io or 21c. WHERE DID	(If in Baltimore City,	yes No X
ED		CONTRIBUTING	about home, farm, factory, street, office bldg.,	eto.) INJURY OCCUR?		
7	210. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	OF INJURY		m. WHILE AT NOT WHILE			
	22. I homeh	n contifer that I -th	ended the deceased from		10	2, that I last saw the
	deceased al		, 1952, and that death occur	U.A. 0 - 3.00		the date stated above
	23A. SIGNAT			23B. ADDRESS	the contract that the	23c. DATE SIGNED
		4.5.	ebger M.D.	1940 Bastern Ave.		4-10-52
24	REMOVAL (S	REMA- 24B. DATE pecify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
-	TE RECEIVE	7-12-	or malacula	MA SUNERAL DIRECTOR	ma	ADDRESS
	CAL REGIST		S SIGNATURE	25 UNERAL DIRECTOR	0	Address
-	VS 150	- I I willy	ANON THE LEASE OF THE PERSON O	3.71.100	- N. 1 157	Comment of
	49 100		7,			

[5] TARREST TRANSPORTER AND THE STREET

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 36508 Registered No. 36508

	-01	KIR NO.							
		NAME OF Di ype or Print)	ECEASED	name of	- 13	Day	2. DA		1 9 1952
		PLACE OF DE Baltimore C	EATH: City, Maryland			4. USUAL RESI	DINCE (Where dece		nstitution : residence before admission)
1		FULL NAME	OF (If not in hospite	ai or institution,	give street address o				
		STITUTION	678 111	Palen	Hocation	C. CITY OR TOW	(If outside co	orporate limits,	write RURAL and give township)
250			OZO W.	The state of the s	Yrs.	D. STREET ADD	RESS Alf ratal, giv	e location)	- Andrews
-	c.	Length of s	tay in Baltimore		Mos. Days	11.70 11	. Lafayl		ue
and	5.	FEX	6. COLOR OR RACE	7. SINGLE, N	ARRIED, DIVORCED (Specify	8. DATE OF BIR	last	(In years Won	uder 1 Your II Under 24 Ileurs this Days Hours Min.
rly	10	A. USUAL OC	CUPATION (Give kind of	10B. KIND O	F BUSINESS OR		(State or foreign cou		12. CITIZEN OF
cles	WUIE	The state of the s	f working life, even if retired)		INDUSTRY	m	-		WHATCOUNTRY
	13	. FATHER'S N		-		14. MOTHER'S N	ALIDEN NAME		0.0.71
death	0	mo	ses to	nd		Luci	vola ?		
of	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	B	-01.18	PRES 10
ıses						Walle	Day 16	28W.19	fallelli on
cans		18. 3 3	(X)		CAUSE	OF DEATH	U	1	ONSET AND DEATH
che			E OR CONDITION	H	(0. 10 h	2		2 10
te		heart failui	not mean the mode of re, asthenia, etc. It mean	ns the disease.	(A)		may ra		
Wri			complication which e		DUE TO				
se	7	1600	ANTECEDENT CAUS	ES	- Hun	esterio in in	-arterios	lamia	under
lea	0	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO			S-CO211	
d:	A	UNDERLY	ING CONDITION LA	ST.	(6)	20.10-00	1.1.		lugles -
ans	은				(0)				
Physicians:	Z-L	OTHER S	IGNIFICANT CONDI	TIONS CON-					
hy	田田	TRIBUTING	TO THE DEATH, BUT	NOT RELATED					
1	, ,				NDINGS OF OPE	RATION			20. AUTOPSY?
int.	3		0.						YES NO
portant	EDIC		ENT WAS UNDER- CONTRIBUTING DEATH		OF INJURY (e. g., , factory, street, office bldg.,		DID (If in Balt	imore City, gi	ve exact location)
E .		210. TIME (Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURE	RED 21F. HOW D	D INJURY OCCUP	₹7	
alla		Or INSORT		m. WHII	RK NOT WHILE		I allie de		
*1		22. I hereby	y certify that I att	ended the de	ceased from	<u> </u>	52,10 4-9-	, 1957	that I last saw the
35		deceased al	ive on 14- 9-	, 19.57, and	d that death occu	rred at 7:5 P	n., from the cause	s and on the	date stated above.
B.		23A. SIGNAT	URE			238. ADDRESS	4	1. 0	23c. DATE SIGNED
ge	24	A. BURIAL, C	REMA- 24B. DATE	sindel 240	M. O	BY OR CREMATOR	Y 240. LOCATION		r county) (State)
ect a	-T10	N, REMOVAL (S	4-12-		A Pet	usn,	med	() () () ()	(Date)
corr		TE RECEIVE		aton V	liams 1:7.	25 PUNERAL O	RECTOR		ADDRESS
	-	VS 150	1423	1 5 2	Conn	3 4 7	303 P	tres	18

